



CITY OF OXFORD

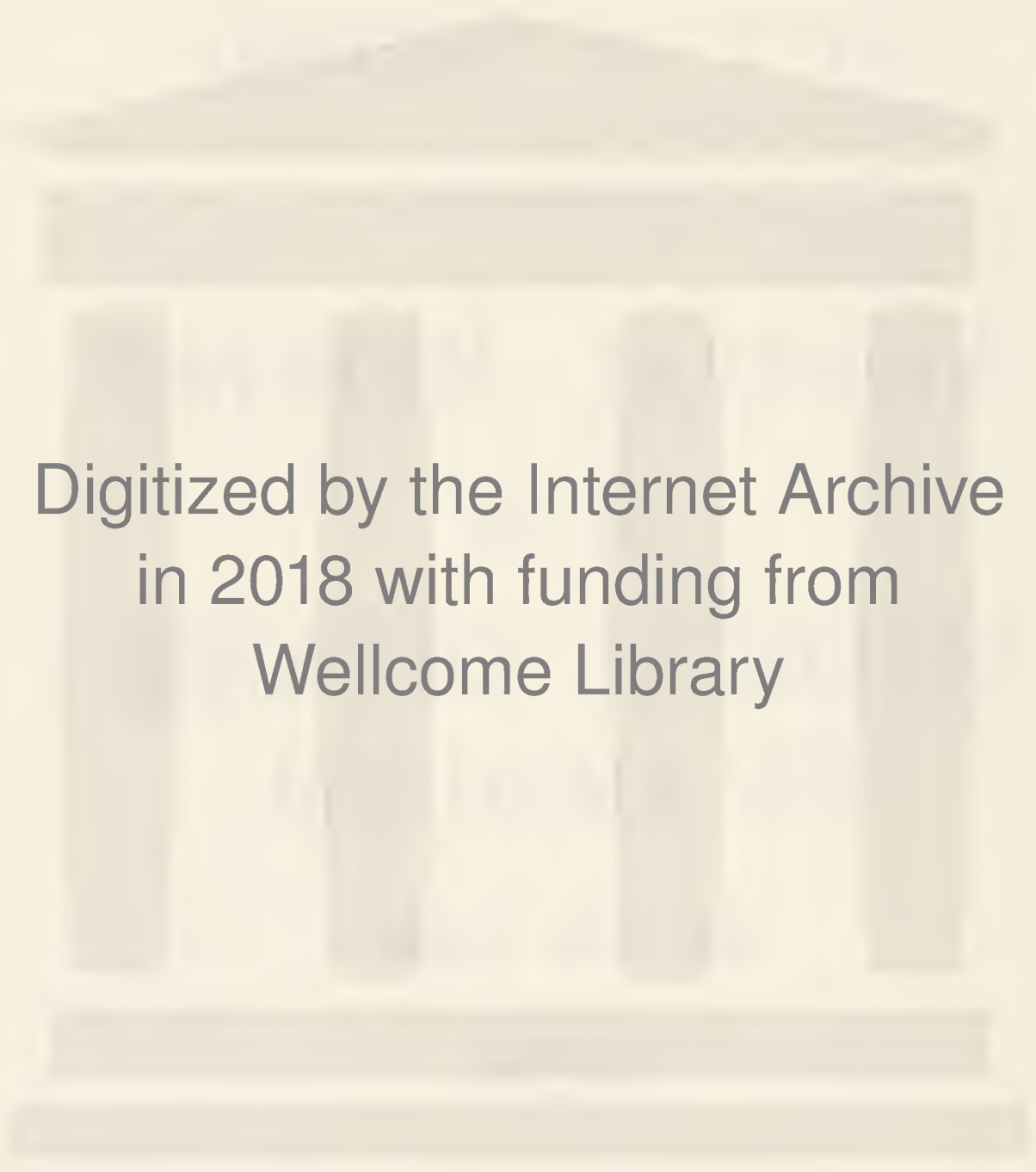
ANNUAL REPORT

of the

MEDICAL OFFICER
OF HEALTH

for the year

1959



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MR. CHAIRMAN, LADIES AND GENTLEMEN,

This is my twelfth Annual Report and is compiled along the usual lines in accordance with Ministry of Health Circular 1/60.

The vital statistics do not show any very marked changes. There was again a slight increase in the birthrate with a welcome reduction in the percentage of illegitimate births. The infant and perinatal mortality rates both remained very low and once again there was no maternal death. Such satisfying statistics are a tribute to the excellent maternity and paediatric services in this City. The deathrate showed a very slight rise but the 202 deaths from cancer were the highest yet recorded. Lung cancer (43 males and 7 females) and cancer of the breast (27 females) both contributed more deaths than ever before. There were 9 deaths from leukaemia, the same number as last year; 7 of these being over the age of 65. Deaths from the infectious diseases were again very low indeed but there were 19 deaths from influenza, mainly in elderly persons. There was an increase in the number of deaths from violence, 14 being due to motor accidents, 29 to other accidents and 19 to suicide.

For the first time since 1948 there was a slight decrease in the number of patients carried by the ambulance service with once again a decrease in total mileage. Rather less use is being made of rail travel because the saloon type coaches on all diesel and to an increasing extent on steam trains are quite unsuitable for stretcher cases.

The Minchery Farm estate branch surgery continued to provide much valued medical services, and the Blackbird Leys estate health centre opened on the 2nd May, 1960. The latter will be the subject for a full report next year but already it is clear that this health centre is going to be a great boon to this rapidly developing estate. When the centre opened, one doctor was using it as his main surgery and four doctors were using it for branch surgery purposes.

The health visiting staff has been below full strength but better use has been made of the depleted staff by granting more car allowances.

The district nursing service on the other hand was at full strength throughout the year. Practically all the cases were referred by general practitioners and only 73 out of 2,127 patients were referred by Oxford hospitals. This is little more than one patient a week and one cannot help wondering whether the hospital service in this City is making the best use of the district nursing service. Could not more patients be discharged earlier to the care of the general practitioner and the district nurse? With proper liaison between the hospital and district nursing services it should be possible to arrange for the earlier discharge of more patients and so make a valuable contribution to the relief of the very heavy pressure on hospital beds. Plans are going ahead for building new combined headquarters for the district nursing and domiciliary midwifery services on the Cowley Road Hospital frontage site.

The home help service had another busy and successful year and moved to more commodious headquarters at 29/31 George Street; the only disadvantage being the long stair climb to the fourth floor. The domiciliary occupational therapy service also moved to their new headquarters at the Red Barn. The appointment of a second assistant therapist helped with the increased volume of work, both for home-bound patients as well as at Old People's Homes.

Amongst the infectious diseases, there was an increased incidence of scarlet fever toward the end of the year; the cases were, generally, very mild and practically all were nursed at home. For the tenth successive year there was no case of diphtheria, but recent outbreaks in the London area and Buckinghamshire are a reminder that this serious disease can still occur. Some of the patients from the Buckinghamshire outbreak were treated in the Slade Hospital. It is satisfactory to be able to report that the last case of poliomyelitis occurred as long ago as December 1957. It was an epidemic year for measles and there was also a sharp outbreak of influenza, particularly affecting schoolchildren, as shown by the very low attendance rate of 74% during one week in February. Some cases of Sonne dysentery were reported including a small outbreak at a nursery school. There were three relatively small outbreaks of food poisoning, but one caused considerable concern as most of the cases occurred in the Nuffield Maternity Home.

Many infectious disease problems are now due to viruses rather than bacteria and there is an ever increasing need for readily available facilities for virological investigation. Oxford is lagging a long way behind other teaching hospital centres in the provision of a virus laboratory.

In connection with the infectious diseases beds at the Slade Hospital, the isolation nursing techniques have been thoroughly discussed and brought up to date; colour photography for teaching purposes has been introduced and arrangements have been made for the unrestricted visiting of child patients by their parents and other adult relatives.

Tuberculosis notifications were just above the record low level achieved last year. Amongst the respiratory cases there was a marked preponderance of males and particularly those over 45. The outlook for all patients is now very good indeed both as regards the abolition of infection and restoration to normal activity.

There have been increased attendances at the venereal disease clinic and two significant features have been the higher proportion of coloured men, and the fact that almost every single girl came from a broken home.

The infant smallpox vaccination rate reached a record high level of 68% and this success is attributed to the ease with which mothers can have their babies vaccinated at any session of any child welfare clinic. Protection against diphtheria, whooping cough and tetanus continued to be given by means of "triple antigen", and the 83% rate achieved is most satisfactory. With regard to poliomyelitis vaccination, the heavy programme resulting from the extension of the age range up to 25 and the

introduction of booster doses in September 1958 was continued throughout the year. An approach was made to 800 business establishments and many sessions were arranged at places of work, schools and colleges. It is not easy to assess the acceptance rate in adults but there is no doubt that the response has been good, whilst the acceptance rate in children under fifteen has been estimated at 94%, which is an excellent result.

The increased birthrate has meant an increase in work for the domiciliary maternity service and an additional midwife was appointed towards the end of the year. Close co-operation with general practitioners continued and there are now 18 doctors holding special antenatal clinics at their own surgery premises, and these are attended by either a midwife or her pupil. Practically all the routine antenatal work is now done by general medical practitioners but an increasing number of patients attend the City clinics, for routine blood tests and poliomyelitis vaccination. The birth control clinic has now been operating for 25 years and as the completeness of the follow-up records are felt to be unique a successful approach was made to the Medical Research Council for a grant to be used for the analysis of the results. This work is in progress and should result in a most valuable report. The follow-up of premature babies is most important and much of this work has so far been undertaken by the Radcliffe Infirmary Paediatric Department. The load has, however, become too heavy, and arrangements have been made for the supervision of the normal larger premature babies to be undertaken in future by the staff of the health department.

As last year the child welfare clinics were attended by 92% of all children under the age of one. A weekly clinic held on the ground floor of the house on the Blackbird Leys estate allocated to the health department proved to be invaluable pending the opening of the health centre. An analysis of children attending the Hinksey clinic showed that about 75% were on the list of one practice and it was, therefore, agreed that a doctor from this partnership should, in future, take this clinic. About two-thirds of the medical work at the child welfare clinics is now concerned with the various prophylactic inoculations, the remaining third being divided between routine medical inspections and consultations about particular problems. Every encouragement is given for all pre-school children to have an annual medical examination about the time of each birthday but the response is not yet satisfactory. There were 15 children in whom a defect was found for the first time on school entry and in 12 there had been no routine birthday examinations. The voluntary workers at all the clinics continue to give invaluable service and merit the best thanks of everybody.

Most of the 31 deaths in children under the age of one year were due to prematurity, but two deaths in previously healthy children aged four and nine months respectively which were ascribed to accidental suffocation were the cause of some concern. These so-called "cot deaths" have been the subject of research in a number of places and it is often found

that the real cause of death is a fulminating respiratory tract infection. It is, therefore, essential that all post mortems on such children should be carried out at special centres where the help of histology, bacteriology, and virology can be invoked. With this end in view, arrangements have been made for all cases of sudden death in infancy to be investigated in the Department of Morbid Anatomy at the Radcliffe Infirmary.

Slowly but surely the impact of the Mental Health Act 1959 is being felt. Proposals have been prepared and submitted to the Ministry of Health and there is now excellent liaison with both the Warneford and Littlemore Hospitals. An important feature of the Act is the greater emphasis on local authority care and this will mean hostel provision. To achieve their purpose these hostels must be sited in the midst of the community and the general public should be prepared to accept and help these mentally handicapped persons in the same generous spirit which they have traditionally always shown to those suffering from physical disabilities. The representatives of the people readily accepted the Mental Health Bill in Parliament and it is now up to the people themselves to play their part in helping to implement some of the more important parts of the Act. These comments have particular reference to the abortive plan to build a new mental health hostel on the Denton House site at Iffley Turn. An important innovation at the Mabel Prichard Training Centre has been the provision of some remunerative work for the older and more capable persons and it is hoped to extend this.

Townsend House and Shotover View, two new 60-bedded Old People's Homes were opened during the year and Home No. 1 at the Laurels was closed leaving 67 residents in Home No. 2. A third new Home, Marston Court, is nearing completion and a tender has been accepted for a fourth Home at Jackson Road on the Cutteslowe Estate. When this latter Home is opened, it should be possible to close the Laurels completely. There will then be a need for a fifth Home probably on the Denton House site with the possibility of further Homes at Botley and on the Blackbird Leys estate. The new purpose-built Homes are proving most convenient in every way. Because of the present shortage of accommodation, admission has had to be restricted and there is now an urgent waiting list of about 100 domiciliary cases plus another 25 patients in Cowley Road Hospital or Hurdis House. No matter how good the provision of Old People's Homes, the main emphasis must still be on home care where 97% of those of pensionable age remain and where they are happiest provided they have warmth, an adequate diet, freedom from worry, and good health and welfare services. Approximately 800 aged persons are now receiving regular domiciliary care from the welfare staff of the department, with voluntary bodies giving much valued assistance. Short stay admissions to the Old People's Homes which were pioneered as a service in 1952 and have since been developed are quite invaluable. They provide indispensable relief for relatives, to cover holiday periods and domestic emergencies.

The provision of temporary accommodation remains an acute problem. Out of 146 applications, only 13 families required admission to the Laurels and of these only 4 remained more than three months, but three of the latter who are still resident have between them 21 children and there appears to be no early solution to their problem. The handicapped workshop scheme at the Red Barn has progressed well and all the structural alterations are now complete including the new shop premises. The number of sighted handicapped workers is slowly being increased.

There was a big extension and improvement in the Meals on Wheels service during the year. The chiropody service organised by the Oxford Council of Social Service at ten old people's clubs in the City has continued and will form the basis of the new chiropody scheme planned by the City Council.

A full staff of Public Health Inspectors has enabled much useful work in environmental hygiene to be achieved. Progress towards cleaner air included the Blackbird Leys smoke control area which became operative in June; the increasing use of smokeless fuels, including high reactor cokes, and the good news that the gas works are to close completely in 1960. The close proximity between the Cowley Airfield housing estate and the Morris Motors Works' extension has led to numerous complaints, and every effort is being made to overcome these. The slum clearance programme is progressing satisfactorily and has now passed the half-way stage. The Rent Act has been something of a damp squib with very few applications for certificates of disrepair. Some modernisation of the covered market has taken place. With regard to slaughtering facilities, it is considered that a modernised Eastwyck Farm premises together with the existing Co-operative Society's premises should provide ample accommodation for all the needs of the City.

The rapidly developing use of radioactive substances for civilian purposes has created a new potential environmental hazard. Consultation with the University and Hospital Boards with particular reference to the disposal of radioactive waste has been completely reassuring. The Medical Staff Council of the United Oxford Hospitals has set up a Radiation Hazards Committee and the membership includes the City Medical Officer of Health.

Responsibility for the ambulance and welfare services of the Civil Defence Corps continues to occupy the time of some members of the staff of the health department.

Two matters of some importance are not referred to elsewhere in this report but should be mentioned briefly as they took up a good deal of staff time. The first was the receipt of the O. and M. report which, whilst stressing the efficiency of the organisation of the health department, yet recommended a major change in policy in the direction of the disintegration of the separate welfare section, and its complete absorption within the general medical, health visiting and administrative work of the health department. Such a recommendation had some theoretical advantages

but many practical disadvantages and after much discussion it was decided to take no action. The second item concerned the position of the health department when the City Council decided to introduce the five day working week. Eventually it was agreed that a small skeleton staff should be available in the health department on Saturday mornings.

It is with great sorrow that the deaths of Mr. E. Hills and Miss M. Kirtland have to be recorded. The former had given 13 years' service as Manager of the Blind Workship and had continued courageously at work in recent years despite increasing ill-health. The latter died very suddenly and unexpectedly having given 19 years' devoted service as a member of the clerical staff of the Public Health Inspectors' section of the department.

A most successful farewell party was held at Townsend House in July in honour of three retiring members of the welfare services, namely Miss Reeves (Assistant Welfare Officer), Miss Sampson, M.B.E. (Matron, The Laurels), and Miss Jones (Matron, Frilford House). Each of these officers has given long and faithful service to the community and there were many sincere expressions of thanks coupled with best wishes for a healthy and happy retirement. Toward the end of the year Dr. Peter Sylvester left the department to take up his new post as Deputy M.O.H., Reading. He was a most conscientious and industrious medical officer and a very pleasant colleague. A serious loss occurred early in 1960 by the resignation of Miss Needham, Supervisor of Midwives, after 22 years' service in the department. She left for the happiest of reasons, namely to get married. She has played an important part in building up one of the finest domiciliary midwifery services in the country, and as superintendent of the Midwives' Hostel she exercised a most beneficial influence over the teaching and supervision of hundreds of pupil midwives, many now practising all over the world. An even greater loss will occur about the time this report is published by the resignation of Dr. Mary Fisher, Senior Assistant Medical Officer for Maternity and Child Welfare, as a result of the appointment of her husband to a Professorship at Edinburgh. She has been a wonderfully staunch colleague and we have all valued greatly her sound, sensible advice given from a background of long, devoted and extremely hardworking service to the community during which she never spared herself in spite of heavy family commitments. During her 26 years' service Dr. Fisher has pioneered many important aspects of the maternity and child welfare services, and these will stand as a memorial to her for many years to come. She has played a major role in developing the close and happy relationship with the Paediatric Department which we so much value. She has undertaken with great success a heavy teaching programme in connection with medical students, health visitors, midwives and district nurses. Dr. Fisher is recognised as a national authority on her subject and there can be no doubt at all that we are all going to miss her very much indeed.

Although I am responsible for this Report, many members of my staff,

some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and able support I have received from all members of my staff throughout the year.

Finally, I should like most sincerely to thank the Chairman and all Members of the Health Committee for the encouragement and kindly consideration extended to me and to members of my staff throughout the course of another busy year.

Yours faithfully,

J. F. WARIN,
Medical Officer of Health.

SECTION I

COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Councillor MEADOWS*Vice-Chairman:* Alderman ROBERTS

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	FERGUSON
„	BROMLEY	„	GLAZER, M.B., B.S.,
„	Mrs. E. GIBBS	„	HUGHES (D.A.
„	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	„	NIMMO
„	KINCHIN	„	RENSHAW
„	Mrs. PRICHARD, O.B.E., M.A., J.P.	„	Miss SPOKES, M.A.
„	WARRELL	„	Mrs. WATSON
Councillor	CONSTABLE, B.Sc., M.A.	„	Mrs. YOUNG, M.A.
Mrs. M. HOUGHTON	} representing the Oxford County and City Executive Council.		
Mrs. O. PHIPPS			
Mr. A. W. H. B. KING, J.P., representing the United Oxford Hospitals.			

MATERNITY, CHILD WELFARE AND HOME SERVICES SUB-COMMITTEE

Chairman: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.*Vice-Chairman:* Alderman Mrs. HARRISON HALL, M.B., Ch.B., J.P.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	GLAZER, M.B., B.S., D.A.
,,	Mrs. E. GIBBS	,,	MEADOWS
,,	ROBERTS	,,	Mrs. YOUNG, M.A.
,,	WARRELL		Mrs. M. HOUGHTON
	Mrs. H. C. BROWN, J.P.		
	Mrs. A. CAMPBELL	co-opted	
	Mrs. E. COATE		
	Mrs. M. DEAN		

MATERNITY FINANCE SECTION

Chairman: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.*Vice-Chairman:* Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P.

Alderman	Mrs. E. GIBBS	Mrs. M. DEAN
Councillor	GLAZER, M.B., B.S., D.A.	

MOTHER AND BABY HOSTEL HOUSE SECTION

Chairman: Mrs. M. DEAN*Vice-Chairman:* Councillor Mrs. YOUNG, M.A.

Alderman	Mrs. PRICHARD, O.B.E., M.A., J.P.	Mrs. A. CAMPBELL
Councillor	MEADOWS	Mrs. E. COATE

MENTAL HEALTH SUB-COMMITTEE

Chairman: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.*Vice-Chairman:* Alderman WARRELL

Alderman	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	Councillor	MEADOWS
,,	ROBERTS	,,	NIMMO
Councillor	CONSTABLE, B.Sc., M.A.		Mrs. M. HOUGHTON
,,	GLAZER, M.B., B.S., D.A.		
	Mrs. H. C. BROWN, J.P., co-opted		

WELFARE SERVICES SUB-COMMITTEE*Chairman:* Alderman Mrs. E. GIBBS*Vice-Chairman:* Alderman ROBERTS

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	FERGUSON
„	BROMLEY	„	MEADOWS
„	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	„	RENSHAW
„	KINCHIN	„	Miss SPOKES, M.A.
Councillor	CONSTABLE, B.Sc., M.A.	„	Mrs. WATSON
Mr. J. G. ROBINSON, M.B.E., co-opted			

WELFARE SERVICES HOUSE SECTION*Chairman:* Alderman ROBERTS*Vice-Chairman:* Alderman Mrs. ANDREWS, M.B.E.

All members of the Welfare Services Sub-Committee.

GENERAL PURPOSES SUB-COMMITTEE

The Chairman and Vice-Chairman of the Health Committee, and of the Maternity Child Welfare and Home Services; Mental Health; and Welfare Services Sub-Committees, *ex-officio*; together with Alderman Mrs. ANDREWS, M.B.E., and Councillors CONSTABLE, B.Sc., M.A., and GLAZER, M.B., B.S., D.A.

Representatives on Joint Ambulance Committee:

Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P. Alderman ROBERTS.
Councillor MEADOWS

Representatives on Oxford Voluntary Tuberculosis Care Committee:

Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P. Councillor MEADOWS
Councillor HUGHES „ Mrs. YOUNG, M.A.

HOUSING COMMITTEE*Chairman:* Councillor INGRAM*Vice-Chairman:* Councillor CONNERS

Councillor	Mrs. CARR	Councillor	LUARD
„	CHESTER, C.B.E., M.A.	„	MAGEE
„	CONE	„	MOULD
„	FAGG	„	ROME
„	KEITH-LUCAS, M.A.	„	Mrs. THOMPSON, M.A.

HEALTH DEPARTMENT STAFF*Medical Officer of Health:*

J. F. WARIN, M.D., D.P.H.

Deputy Medical Officer of Health:

G. F. WILLSON, M.D., D.P.H.

Senior Assistant Medical Officers of Health:

M. FISHER, B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H. (Maternity and Child Welfare).

E. J. COULTER, M.B., Ch.B., D.P.H., D.C.H. (General Purposes).

Assistant Medical Officers of Health:

A. M. BOLTON, M.B., Ch.B., M.R.C.P., D.C.H. (Commenced 26.1.59).

S. R. FINE, M.B., Ch.B., D.P.H., D.C.H.

P. K. SYLVESTER, M.B., B.S., D.P.H., D.C.H., D.R.C.O.G. (Ceased 8.11.59).

W. J. WIGFIELD, M.B., B.Ch., D.P.H. (Ceased 31.1.59).

D. IRONSIDE, M.B., Ch.B., D.P.H. (Part-time).

M. STEWART, M.B., M.R.C.S., L.R.C.P. (Part-time). (Recommended 1.1.59).

Consultant Tuberculosis Officer: (part-time)

F. RIDEHALGH, M.D., F.R.C.P.

Principal Dental Officer:

C. H. I. MILLAR, B.Sc., L.D.S.

Assistant Dental Officer:

Vacant.

Dental Attendant:

Vacant.

Chief Public Health Inspector:

W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (a) (b) (c) (d).

Deputy Chief Public Health Inspector:

E. EDLINGTON (a) (b) (d).

District Public Health Inspectors:

J. BURR (f). (Commenced 2.11.59).

K. ENGLAND (a) (b).

K. O. KEIGHLEY (a) (b).

D. G. LORD (f).

J. P. MULLARD (a) (b).

A. F. PAVEY (a) (b).

J. G. SCOTT (a) (b) (e).

D. WATSON (a) (b) (d).

Pupil Public Health Inspectors: 2. (Vacant).

(a) Sanitary Inspector's Certificate, Sanitary Inspector's Joint Board.

(b) Meat and Food Inspector's Certificate, Royal Society of Health.

(c) Sanitary Science Certificate, Royal Society of Health.

(d) Smoke Inspector's Certificate, Royal Society of Health.

(e) Testamur of Institute Public Cleansing.

(f) Public Health Inspector's Certificate, Public Health Inspectors' Joint Board.

Van Driver: 1. Outside Public Health Assistants: 3.

Superintendent Health Visitor:

Miss M. G. ATKINSON (a) (b) (c) (e). (Commenced 1.1.59).

Senior Health Visitor:—

Miss G. DAVIES (a) (b) (c). (Transferred from Health Visitor November 1959).

Health Visitors:

Miss J. BARNETT (a) (b) (c).

Miss D. BREE (a) (b) (c).

Miss M. BROWN (a) (b) (c) (e).

Miss S. M. COLE (a) (b) (c). (Commenced 9.9.59. Ceased 31.12.59).

Miss N. CROOKALL (b) (c).

Mrs. I. EAGLE (a) (b) (c).

Miss B. M. GUY (a) (b) (c).

Miss K. J. HAYES (a) (b) (c).

Miss G. M. LAWRENCE (a) (b) (c).

Miss E. M. MACQUEEN (a) (b) (c). (Ceased 30.4.59).

Miss E. M. MAYLAM (a) (b) (c).

Miss B. P. O'FLANAGAN (a) (b) (c).

Miss D. PYLE (a) (c).

Miss H. RANKIN (a) (b) (c).

Miss M. SALMON (b) (c).

Miss H. SPICKERNELL (a) (b) (c).

Miss D. R. TATTERSALL (a) (b) (c). (Commenced 9.9.59).

Students: 4 1st year, 2 2nd year.

Non-Medical Supervisor of Midwives:

Miss P. V. NEEDHAM (a) (b).

Midwives:

Miss M. C. R. FISHER (a) (b).

Mrs. A. E. GODFREY (a).

Miss D. INNESS (a) (b).

Miss P. MILLAR (a) (b).

Miss M. R. POWELL (a) (b).

Miss G. M. STEWART (a) (b). (Commenced 1.11.59).

Miss M. E. VINER (a) (b).

Superintendent, District Nurses:

Miss H. LONGHURST (a) (b) (c) (e).

Assistant Superintendent, District Nurses:

Miss E. M. WATKINS (b) (c) (e) (g). (Ceased 26.7.59).

Mrs. G. A. TIDD (a) (b) (c) (e). (Commenced 5.10.59).

District Nurses:

Mrs. E. M. ANDERSON (a) (b) (e). (Recommenced 24.3.59).

Mrs. M. ANGELL (b) (e). (Commenced 2.3.59).

Miss A. M. CARPENTER (b) (e). (Commenced 3.5.59).

Miss E. CROWTHER (a) (b) (e). (Commenced 7.9.59).

Miss M. DOUGLAS (a) (b) (e). (Commenced 17.1.59).

Miss N. DREWE (a) (b) (e).

Miss B. M. FORSTER (a) (b) (e).

Miss J. L. FULLER (a) (b) (e).

Miss D. KING (a) (b) (e).

Miss H. MASSEY (b) (e).

Mrs. E. MOBEY (a) (b) (c).
 Miss B. MOSS (b) (e).
 Miss P. J. PREECE (b) (c). (Commenced 7.5.59).
 Miss G. PUGH (b) (e).
 Mrs. R. QUIGLEY (b).
 Mrs. H. ROBERTSON (a) (b). (Temporary).
 Miss E. M. THOMPSON (b) (e). (Commenced 21.2.59).
 Miss M. E. TINGLEY (a) (b) (e).
 Miss W. WILSON (a) (b) (e).
 Mrs. L. HIGGINSON (a) (b) (e). (Part-time).
 Mrs. A. E. STRAPPS (a) (b) (e). (Part-time).
 Mrs. C. BARKER, Nursing Orderly.

Student District Nurses: Nil.

Mother and Baby Hostel:

Mrs. B. HUMPHRIES (a) (b), Matron.
 Miss F. BOLTON, C.N.N., Deputy Matron.

Nurseries:

Botley Road Day Nursery:

Miss G. M. NIXEY, C.N.N., Matron.
 Miss G. M. THOMAS, C.N.N., Deputy Matron.
 2 Nursery Nurses.
 3 Nursery Students.

Florence Park Day Nursery:

Mrs. E. PEARCE (a) (b), Matron.
 Miss G. M. HARRIS, C.N.N., Deputy Matron.
 2 Nursery Nurses.
 3 Nursery Students.

Home Help Service:

Miss P. E. URBAN-SMITH, Organiser.
 Miss K. THICKE, Assistant Organiser. (Commenced 12.1.59).

Occupational Therapist

Miss E. M. TARGETT, M.A.O.T., Head Occupational Therapist.
 Miss A. E. DARRELL, M.A.O.T., Assistant Occupational Therapist. (Commenced 1.6.59).
 Miss J. A. GOULD, Dip.O.T. (Rand, S.A.), Assistant Occupational Therapist.

Almoners:

Mrs. D. HICKS (Tuberculosis). (Part-time).
 Miss A. JACKSON (Venereal Diseases). (Part-time).

Mental Welfare:

A. ROBERTSON, Senior Mental Welfare Officer.
 D. A. PURRETT, Mental Welfare Officer.
 Miss E. GILBERTSON (a) (b) (c), Mental Welfare Officer.

Training Centre:

Miss O. WARBURTON, Supervisor.
 5 Assistant Supervisors.

Welfare Services:

J. C. DAVENPORT, Chief Welfare Services Officer.
 J. HADFIELD, Senior Assistant Welfare Services Officer.
 J. CLARKE, Assistant Welfare Services Officer.
 Miss E. M. REEVES (a) (b) (f), Assistant Welfare Services Officer. (Retired 31.8.59).

Miss D. WEBB (a) (b) (c), Assistant Welfare Services Officer. (Commenced 17.8.59).

Mrs. E. E. DEAN, Home Teacher to the Blind.

Miss J. BARON, Home Teacher to the Blind.

E. HILLS, Supervisor, Blind Workshop. (Deceased 28.8.59).

N. BOWLEY, Superintendent of Handicapped Workshop.

The Laurels:

R. G. ANDERSON, M.B., Ch.B., Medical Officer. (Part-time).

Miss E. SAMPSON, M.B.E. (b), Matron. (Retired 1.9.59).

Mrs. L. TEMPLETON (b), Deputy Matron. (Transferred to post of Matron, Townsend House).

Mrs. E. GEARING (b), Matron. (Commenced 1.9.59).

V. C. FERRIMAN, Senior Male Officer. (Retired 9.8.59).

Miss B. SINGLETON, Chiropodist. (Part-time).

Frilford House:

J. CHERRY, M.B., B.S., Medical Officer. (Part-time).

Miss M. E. JONES (b), Matron.

Mrs. B. A. HARRIS, Assistant Matron. (Commenced 22.9.59. Ceased 30.11.59).

Miss K. A. GURNETT, Senior Assistant.

Barton End:

Mrs. N. K. DIXIE (b), Matron.

Mrs. A. M. BRANCH (a) (b), Assistant Matron. (Part-time).

Mrs. M. I. JAMES (b), Assistant Matron. (Commenced 10.8.59).

Townsend House:

Mrs. L. TEMPLETON (b), Matron. (Transferred from post of Deputy Matron, The Laurels).

Miss H. M. SIMMONDS (b), Assistant Matron. (Commenced 12.1.59. Ceased 17.10.59).

Mrs. M. E. SWAIN, S.E.A.N., Assistant Matron. (Commenced 12.1.59).

Shotover View:

Miss M. A. BULBECK, S.E.A.N., Matron. (Commenced 1.6.59).

(a) State Certified Midwife.

(b) State Registered Nurse.

(c) Health Visitor's Certificate, Royal Society of Health.

(d) State Registered Fever Nurse.

(e) Queen's Nurse.

(f) Sanitary Inspector's Certificate, Sanitary Inspectors' Joint Board.

(g) State Registered Mental Nurse.

Administrative:

H. G. ANNELY, Chief Administrative Assistant.

T. D. THOMSON, Senior Administrative Assistant.

R. J. CRANE, Senior Clerical Assistant, Welfare Section.

L. W. PEARMAN, Senior Clerical Assistant, Public Health Inspectors' Section.

Mrs. J. R. ROBINSON, Medical Officer of Health's Secretary.

Vacant, Chief Public Health Inspector's Secretary.

Mrs. P. M. WHITING, Clerical Assistant, Mental Welfare.

W. J. GIBBS, Clerical Assistant.

Miss H. M. MITCHELL, Clerical Assistant, Maternity, Child Welfare and Infectious Diseases.

Miss M. E. WOOD, Clerical Assistant, District Nurses.

4 Shorthand Typists.

16 Clerks. General Division.

Civil Defence:

D. E. BRADBERRY, Instructor and Organiser, Welfare Section.

OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

Main Office	Greyfriars, Paradise Street	Telephone No. Oxford 47212
Mental Welfare:	} 24 Church Street, St. Ebbe's	,, ,,
Immunisation and Vaccination		
Welfare Foods:		
Health Visitors:	3 Castle Terrace, St. Ebbe's	,, ,,
District Nurses, Main Home:	39/41 Banbury Road	,, 57721
Branch Homes:	23 Hollow Way, Cowley	,, 77382
	79 St. Leonard's Road, Headington	,, 62321
Midwives' Hostel:	82/4 Abingdon Road	,, 47985
Home Help Organiser:	29/31 George Street	,, 47977
Public Health Inspectors' Office:	36 Pembroke Street, St. Aldate's	,, 49671

CLINICS

1. *Antenatal*

Bury Knowle House, Old High Street, Headington	Friday	9.30 a.m.
East Oxford Centre, 151A Cowley Road	Tuesday	9.30 a.m.
60 St. Aldate's	Thursday	9.30 a.m.
2. *Child Welfare*

Alexandra Court Clinic, Woodstock Road	Wednesday	2—4 p.m.
Blackbird Leys Health Centre	Thursday	2—4 p.m.
Bury Knowle House, Old High Street, Headington	Tuesday	2—4 p.m.
	Thursday	2—4 p.m.
Church Hall, Main Road, New Marston	Wednesday	2—4 p.m.
Church Room, Canning Crescent	Tuesday	2—4 p.m.
Clinic Premises, 14 Church Street, St. Ebbe's	Monday	2—4 p.m.
	Friday	2—4 p.m.
Community Centre, Hockmore Street, Cowley	Monday	2—4 p.m.
	Friday	2—4 p.m.
Community Centre, The Oval, Rose Hill	Thursday	2—4 p.m.
Community Centre, Underhill Circus, Barton Estate, Headington	Wednesday	2—4 p.m.
Donnington School Clinic, Henley Avenue	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
East Oxford Centre, 151A Cowley Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
G.F.S. Haigh Hut, 48 Woodstock Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
Northway Clinic, Maltfield Road	Thursday	2—4 p.m.
Slade Park Clinic, 2nd Avenue, Slade Park	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
Village Hall, Wolvercote	Thursday	2—4 p.m.
3. *Immunisation and Vaccination*

60 St. Aldate's	Wednesday	5—7 p.m.
(Also on application at Child Welfare Clinics).		
4. *Dental*

60 St. Aldate's	By appointment
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SECTION II

STATISTICS

SUMMARY

Area of City	8,785 acres
Population (estimated mid-year 1959)	104,000
Number of inhabited houses at 31.3.59	27,974
Rateable value of City at 31.3.59	£2,016,192
Product of a penny rate for 1958/59	£7,737
Total cost of all health services 1958/59:—	

	<i>Gross</i>	<i>Net</i>
	£	£
Public Health Services	23,613	22,008
National Health Service Act, 1946	174,950	74,012
National Assistance Act, 1948	106,583	74,728
Totals	£305,146	£170,748

	<i>City of Oxford</i>		<i>England and Wales</i>
	1959	<i>Average</i> 1949-58	1959
Live births:—			
Number	1,560		750,170
Rate per 1000 population (Recorded)	15.0	14.12	
Rate per 1000 population (as adjusted by comparability factor 0.97)	14.55		16.5
Illegitimate live births per cent of total live births	7.37	7.87	
Stillbirths:—			
Number	25		15,889
Rate per 1000 total live and stillbirths	15.77	16.10	20.7
Total live and stillbirths	1,585		766,059
Infant deaths (deaths under 1 year) ..	31		16,471
Infant mortality rates:—			
Total infant deaths per 1000 live births	19.87	21.24	22.0
Legitimate infant deaths per 1000 legitimate live births	20.14	21.00	
Illegitimate infant deaths per 1000 illegitimate live births	17.39	23.10	
Neonatal mortality rate (deaths under 4 weeks per 1000 total live births) ..	14.10	15.04	15.8

	<i>City of Oxford</i>		<i>England and Wales</i>
	1959	<i>Average</i> 1949-58	1959
Early neonatal mortality rate (deaths under 1 week per 1000 total live births)	14.10	12.22	
Perinatal mortality rate (stillbirths and deaths under 1 week per 1000 total live and stillbirths)	29.65	28.68	
Maternal mortality (including abortion)			
Number of deaths	—		291
Rate per 1000 total live and still- births	—	0.37	0.38
Death rate per 1000 population (recorded)	10.74	9.85	
Death rate per 1000 population (as ad- justed by comparability factor 0.95)	10.20		11.6
Death rate per 1000 population from:—			
(a) Diseases of the heart and circulatory system	3.61	3.52	
(b) Cancer (all forms)	1.94	1.77	2.14
(c) Pneumonia, bronchitis and other diseases of the respiratory tract ..	1.38	1.07	
(d) Tuberculosis (all forms)	0.10	0.14	0.08
(e) Violence (including suicides) ..	0.60	0.41	

BIRTHS

Total registered live births:—

Male	1778
Female	1660
	3438
(Illegitimate)	201)

Of the 3,438 births registered 1,516 were Oxford residents and 44 births to Oxford residents occurred outside the City, making a total of 1,560 births allocated to the City. Of these 1,445 were legitimate (753 male, 692 female) and 115 were illegitimate (61 male, 54 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) According to Notifications

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives	614	5	—	—
Notified by general practitioners	2	—	—	—
Notified by Nuffield Maternity Home	478	11	1243	45
Notified by Churchill Hospital	439	7	655	6
Notified by Radcliffe Infirmary	—	—	2	—
	1533	23	1900	51

(b) According to Place of Birth (Registered Births)

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	458	13	1252	44
Born in Churchill Hospital	450	7	662	6
Born in private houses	608	5	8	—
	1516	25	1922	50

BIRTHS AND DEATHS IN THE CITY, 1915—1959

Year	Popula- tion estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
		Uncor- rected No.	Nett		No.	Rate	of Non- residents registered in the District	of Resi- dents not registered in the District	Under 1 year		At all ages	
			No.	Rate					No.	Rate per 1000 Nett Births	No.	R
1	2	3	4	5	6	7	8	9	10	11	12	13
1915	54,478		865	15.79	777	14.19	142	37	62	71.6	672	12
1916	55,148		881	15.97	697	12.64	166	78	59	66.9	609	11
1917	*59,193		656	11.08	756	14.23	150	104	57	86.9	710	13
	53,104											
1918	*55,472		700	12.62	987	19.94	204	94	44	62.8	877	17
	49,508											
1919	*60,071		796	13.25	714	12.38	117	89	47	59.0	686	11
	57,666											
1920	59,963		1083	18.06	635	10.59	93	69	60	55.4	611	10
1921	56,400	957	929	16.47	681	12.07	124	42	34	36.6	598	10
1922	56,510	982	902	15.96	812	14.37	153	62	54	59.8	721	12
1923	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10
1929	*70,730	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13
	70,590											
1930	*74,000	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10
	73,810											
1931	*80,810	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10
	80,530											
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10
1933	83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	11
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10
1942	104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	11
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	11
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	9
1949	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10
1950	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9
1951	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	11
1952	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	9
1953	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10
1954	106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9
1955	105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9
1956	104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	10
1957	104,400	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9
	† 104,230											
1958	104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	10
1959	104,000	3438	1560	15.0	1847	17.38	777	47	31	19.87	1117	11

* Population birth rate.

City Extended 1st April, 1929.

† Population birth and death rates. City Extended 1st April 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1959

(Table of Registrar General)

CAUSES OF DEATH	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
ALL CAUSES	1117	31	—	7	10	34	236	315	484
1 Tuberculosis, respiratory	9	—	—	—	—	3	3	1	2
2 Tuberculosis, other	2	—	—	1	—	—	1	—	—
3 Syphilitic disease	1	—	—	—	—	—	—	1	—
4 Diphtheria	—	—	—	—	—	—	—	—	—
5 Whooping Cough	—	—	—	—	—	—	—	—	—
6 Meningococcal infections	—	—	—	—	—	—	—	—	—
7 Acute poliomyelitis	—	—	—	—	—	—	—	—	—
8 Measles	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases	3	—	—	1	—	—	—	1	1
10 Malignant neoplasm, stomach	20	—	—	—	—	—	6	8	6
11 Malignant neoplasm, lung, bronchus	50	—	—	—	—	1	25	17	7
12 Malignant neoplasm, breast	27	—	—	—	—	1	14	7	5
13 Malignant neoplasm, uterus	8	—	—	—	—	1	4	—	3
14 Other malignant and lymphatic neoplasms	97	—	—	—	—	3	30	38	26
15 Leukaemia, aleukaemia	9	—	—	—	1	—	1	3	4
16 Diabetes	8	—	—	—	—	—	2	2	4
17 Vascular lesions of nervous system	174	—	—	1	—	1	19	43	110
18 Coronary disease, angina	225	—	—	—	—	4	50	78	93
19 Hypertension with heart disease	21	—	—	—	—	—	4	8	9
20 Other heart disease	79	—	—	—	—	1	10	17	51
21 Other circulatory disease	51	—	—	—	—	1	11	8	31
22 Influenza	19	—	—	—	1	1	1	6	10
23 Pneumonia	73	3	—	—	—	—	4	18	48
24 Bronchitis	62	—	—	—	—	—	11	21	30
25 Other diseases of respiratory system	9	—	—	1	—	—	4	3	1
26 Ulcer of stomach and duodenum	7	—	—	—	—	—	4	1	2
27 Gastritis, enteritis and diarrhoea	2	—	—	—	—	—	2	—	—
28 Nephritis and nephrosis	3	—	—	—	—	—	2	1	—
29 Hyperplasia of prostate	4	—	—	—	—	—	—	1	3
30 Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—
31 Congenital malformations	8	7	—	—	—	—	1	—	—
32 Other defined and ill-defined diseases	84	18	—	1	—	9	13	21	22
3 Motor vehicle accidents	14	—	—	—	5	2	2	2	3
4 All other accidents	29	3	—	2	2	3	2	6	11
5 Suicide	19	—	—	—	1	3	10	3	2
6 Homicide and operations of war	—	—	—	—	—	—	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

CLASSIFICATION OF CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,117 deaths, 540 were male and 577 female. The death rate of 10.74 (recorded) is a little higher than last year.

There were 9 deaths from tuberculosis of the respiratory system, compared with 6 in 1959.

Cancer deaths numbered 202 (all sites) compared with 176 in 1958. Deaths from cancer of the lung and bronchus numbered 50, an increase of 13 over the previous year.

Deaths from pneumonia totalled 73 compared with 75 last year. There were 19 deaths from influenza, an increase of 16 over the 1958 total.

No maternal death occurred during the year and there were no deaths from poliomyelitis, diphtheria, whooping cough, measles or scarlet fever.

RESIDENTS WHO DIED IN INSTITUTIONS IN OXFORD

	1959
United Oxford Hospitals Group	467
Oxford Regional Hospital Board Group	8
Nursing Homes	28
Old People's Homes (Local Health Authority)	24
Old People's Homes (Private)	21
	*548

*= 29.67% of total deaths

RESIDENTS WHO DIED AWAY FROM OXFORD

	1959
Oxford Regional Hospital Board Group	14
Institutions and Nursing Homes	16
Private Houses	12
Accidents, etc.	5
	47

NON-RESIDENTS WHO DIED IN OXFORD

	1959
United Oxford Hospitals Group	660
Oxford Regional Hospital Board Group	7
Other Institutions and Nursing Homes	25
Private Houses	22
Accidents, etc.	63
	777

DEATHS FROM TUBERCULOSIS

YEARS 1940—1959

	PULMONARY							NON-PULMONARY						
	0-	1-	5-	15-	45-	65-	Total	0-	1-	5-	15-	45-	65	Total
1940	—	—	—	36	10	—	46	1	2	—	4	1	—	8
1941	1	—	—	27	17	3	48	—	3	—	5	—	1	9
1942	1	1	2	24	27	3	58	1	—	1	4	1	1	8
1943	1	—	—	22	14	7	44	—	1	1	6	—	1	9
1944	1	1	—	25	9	4	40	—	1	2	2	2	—	7
1945	1	—	—	22	9	5	37	—	—	—	4	2	—	6
1946	—	—	—	16	10	2	28	1	3	1	4	3	1	13
1947	—	—	1	25	10	3	39	—	—	—	3	2	—	5
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2
1954	—	—	—	3	—	4	7	—	—	—	1	—	—	1
1955	—	—	—	2	3	5	10	—	—	—	1	1	—	2
1956	—	—	—	1	2	2	5	—	—	—	—	—	—	—
1957	—	—	—	—	4	1	5	—	—	—	1	—	—	1
1958	—	—	—	—	2	4	6	—	—	—	—	—	—	—
1959	—	—	—	3	3	3	9	—	—	1	—	1	—	2

The following table shows the deaths from cancer under various headings for the last twelve years:—

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
*Buccal cavity and oesophagus (male)	3	4	—	—	—	—	—	—	—	—	—	—
Uterus (female)	8	12	12	5	7	9	6	5	11	5	6	8
*Stomach and duodenum—												
Male ..	14	18	—	—	—	—	—	—	—	—	—	—
Female ..	10	16	—	—	—	—	—	—	—	—	—	—
*Stomach—												
Male ..	—	—	12	12	19	22	11	14	15	18	13	13
Female ..	—	—	11	13	9	8	15	15	17	2	9	7
*Lung, bronchus—												
Male ..	—	—	35	37	36	29	33	28	31	38	35	43
Female ..	—	—	5	7	3	5	1	5	8	11	2	7
Breast ..	13	18	22	19	21	23	16	9	18	17	17	27
All other sites—												
Male ..	57	58	55	72	42	46	47	62	48	53	49	43
Female ..	43	46	40	46	48	49	43	56	49	46	45	54
Totals ..	148	172	192	211	185	191	172	194	197	190	176	202

* (Classification of sites amended from 1950).

Age and sex distribution of Cancer deaths

			All Ages	0—	5—	15—	25—	45—	65—	75—
Male	..	..	99	—	—	—	4	41	38	16
Female	..	..	103	—	—	—	2	38	32	31
Total ..			202	—	—	—	6	79	70	47

Analysis of deaths from cancer according to the site of the disease:—

	MALE							FEMALE						
	0—	5—	15—	25—	45—	65—	75—	0—	5—	15—	25—	45—	65—	75—
Stomach ..	—	—	—	—	4	3	6	—	—	—	—	2	5	—
Lung, bronchus ..	—	—	—	1	23	16	3	—	—	—	—	2	1	4
Breast ..	—	—	—	—	—	—	—	—	—	—	1	14	7	5
Uterus ..	—	—	—	—	—	—	—	—	—	—	1	4	—	3
All other sites	—	—	—	3	14	19	7	—	—	—	—	16	19	19
Total ..	—	—	—	4	41	38	16	—	—	—	2	38	32	31

SECTION III

GENERAL HEALTH SERVICES

(a) AMBULANCE SERVICE

1. Administration

The control staff remained the same as in 1958. For the first time since the National Health Service came into operation there was a decrease of approximately 900 in the number of patients transported, with a corresponding decrease in mileage of approximately 6,000. This is most gratifying, but the hospital services are continuing to expand and it is doubtful whether a further increase can be avoided.

2. Mode of Transport

The transport of long distance cases by train has continued whenever possible and approximately the same number were conveyed by this method as last year. As was mentioned in my last Report, difficulty has again been experienced in transporting stretcher cases by train consequent upon the changeover from steam to diesel and the fact that the new saloon type coaches are unsuitable. Representations have been made to the Ministry of Health and it is hoped that a solution can be found.

3. Vehicles

One new sitting case vehicle was added to the fleet during the year, and two ambulances and two sitting case vehicles withdrawn from the service were replaced by similar vehicles.

4. Staff

One additional driver/attendant was appointed during the year for the new vehicle. The two women driver/attendants continue to be of great help.

5. Ambulance Depot

The enlargement of the Control Room carried out in 1958 has been of great benefit.

A problem that will need to be faced in the near future is the inadequacy of the garage accommodation for the number of vehicles. The garage was built to take 40 vehicles, of which 16 places are leased to the Oxford Regional Hospital Board. The ambulance fleet now comprises 20 vehicles, and in addition 3 Health Department and 2 Civil Defence vehicles, 1 Depot van, and the Ambulance Controller's car are garaged at the Ambulance Station, making a total of 43 vehicles.

6. Activities

Table I gives details of the work undertaken by the Ambulance

Service during 1959, whilst Table 2 gives an indication of the increased use of the service since the 5th July, 1948.

7. Emergency Calls

During the year, 2,174 emergency journeys (2,091 in 1958) were undertaken in the City, as follows:—

(a) Central (within the area Magdalen Bridge, Folly Bridge, the Station and St. Giles')	347
(b) North of St. Giles'	274
(c) South of Folly Bridge	134
(d) West of Station	157
(e) East of Magdalen Bridge	1,262

These figures reveal that 58.0% of the calls were received from east of Magdalen Bridge.

8. General

The service has continued to run smoothly during the year, and no abuse of the provision of transport has been reported.

Expenditure on the service has continued to increase, but not sufficiently to justify an increase in the present mileage charge to other local health authorities.

The provision of emergency oxygen supplies continues to be of great assistance to the local medical practitioners.

TABLE 1

1959	AMBULANCES		SITTING-CASE CARS		TOTALS		TRAIN JOURNEYS	
	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	
January—March	4,281	24,398	9,187	39,672	13,468	64,070	46	
April—June	4,603	26,397	10,283	41,467	14,886	67,864	46	
July—September	4,465	27,772	9,856	43,176	14,321	70,948	57	
October—December	4,389	25,274	9,829	41,767	14,218	67,041	48	
	17,738	103,841	39,155	166,082	56,893	269,923	197	

TABLE 2

Year	Patients	Mileage	Train Journeys
1948 (6 months)	13,783	153,425½	—
1949	29,878	357,058½	—
1950	31,963	322,944½	133
1951	41,549	319,877½	217
1952	44,494	317,268½	230
1953	45,883	297,317	246
1954	47,774	282,380	248
1955	49,238	292,838	229
			(rail strike in June)
1956	52,900	301,497	234
1957	53,955	293,362	202
1958	57,769	275,918	193
1959	56,893	269,923	197

(b) LABORATORY SERVICES

Bacteriological examinations

Examinations of swabs and other specimens from cases of infectious diseases, and from contacts and suspected carriers, have been carried out by the staff of the Public Health Laboratory, Walton Street, Oxford, from whom every help has been received. There is however an urgent need for the provision of similar facilities for virological investigation. Many of the infectious disease problems are now caused by viruses rather than bacteria and Oxford is a long way behind other teaching hospital centres in the provision of an adequate virological laboratory.

Analytical examinations

Messrs. Thomas McLachlan and Partners, Analytical Chemists, have continued as Public Analysts to the City. Their main laboratory is at London, but they have a smaller laboratory at Reading, where many of the routine samples are tested.

(c) HEALTH VISITING

1. Staff

The year began with a slight shortage of staff. This became more marked by the end of the year as a result of resignations and illness. Combined with the absence of a senior member of the staff seconded for a second year to the Population Genetics Research Unit, this shortage placed a heavy burden on the staff. The establishment was increased from 16 to 17 general-duty health visitors in November but at the end of 1959 only 14 of these posts were filled.

Fortunately the mobility of the staff was increased by the granting of three additional permanent car allowances by the Council in March 1959.

2. Home visits paid by health visitors during the year

The following table shows the visits paid during the year, and includes figures for the three previous years for comparison:—

	1956	1957	1958	1959
To expectant mothers	789	978	1,121	884
To children under 1 year	12,241	12,351	12,268	9,233
To children between 1 and 2 years..	4,744	4,997	5,146	4,149
To children between 2 and 5 years..	7,685	8,304	8,496	7,122
To tuberculous households	52	12	7	26
To old people	—	—	—	727
Other cases	2,418	2,096	2,000	1,313
	27,929	28,738	29,038	23,454

Total number of visits to children

under 5 years	24,670	25,623	25,910	20,504
	(i.e. 88%	(i.e. 90%	(i.e. 89%	(i.e. 87%
	of the	of the	of the	of the
	total	total	total	total
	visits)	visits)	visits)	visits)

Comments on these figures:—

(i) All the visits were “effective” visits. The total number of “no access” visits was 4,244 compared with 5,837 in 1958, 5,508 in 1957 and 4,158 in 1956.

(ii) The reduction in total visits is the result of the staff shortage already mentioned, together with a considerable increase in attendances by health visitors at child welfare clinic sessions.

(iii) Visits to tuberculous patients by the tuberculosis health visitors are recorded in Section IV (c) of this report.

(iv) Work carried out as school nurses is described in the report of the Principal School Medical Officer.

(v) For the first time the number of visits paid by health visitors to old people has been recorded separately—previously they were recorded among “other cases”.

(vi) “Other cases” comprise all visits not included in one of the other categories. They include visits in connection with infectious diseases, and visits paid at the request of hospitals and general practitioners.

3. Work at child welfare clinics

One or more health visitors were present at all the 1133 sessions of the child welfare clinics held during the year.

4. The assisted training scheme for health visitors

The three students who began the course in September 1958, all obtained their Health Visitors' Certificate in April 1959. Four students began the course in September 1959.

5. Refresher courses

An attempt is made to send the health visitors to refresher courses every five years. One health visitor attended a fortnight's intensive Teaching Course organised by the Women Public Health Officers' Association at Sheffield and another went to a ten-day Summer School organised by the Central Council for Health Education at Bangor. A tuberculosis visitor also attended a five-day course on Diseases of the Chest at Birmingham organised by the Royal College of Nursing.

(d) HOME HELPS

1. Cases helped

(a) *Classification of cases helped in the last four years:—*

Cases	1956	1957	1958	1959
Home confinements	58	64	80	91
Other maternity cases	41	42	29	35
Acute illness	205	223	219	246
Chronic sick	85	68	83	86
Tuberculosis	16	12	11	8
Aged (over 75 years)	161	153	173	187
Totals	566	562	595	653
Cases refused owing to pressure of work ..	17	12	7	2

These figures again show an increase in the number of cases helped during the year—an increase affecting each category with the exception of tuberculosis. It is satisfactory that only two cases qualifying for help were refused.

(b) *Patients receiving continuous help throughout the year* during the past four years were as follows:—

1956	189 cases
1957	183 cases
1958	200 cases
1959	205 cases

The upward trend continues as indicated in last year's report.

(c) *Continuous daily help throughout the year* was provided for 7 cases (as compared with 9 in 1957 and 8 in 1958). No new cases requiring this amount of help were taken on during the year.

3. Finance

(a) *Classification for payment* during the last three years has been as follows:—

	1957	1958	1959
Full payment (3/6 per hour)	91	100	130
Assessed for part payment	210	217	211
Free	261	278	312
Total cases helped	562	595	653

(b) *Wages* have remained at 3/1½ per hour and the travelling allowance at 3/6 per week.

(c) *Cost of the service.*

The following table shows the cost during the last four financial years:—

	1955-6	1956-7	1957-8	1958-9
Total cost	£16,080	£16,250	£15,686	£15,950
Receipts	£1,565	£1,638	£1,534	£1,564
Net cost	£14,515	£14,612	£14,152	£14,386

4. Assessment scale

The scale which has been in operation since April 1st, 1956, is still in use and has been found satisfactory on the whole. At the end of the year only six cases were receiving help at a rate reduced by Committee ruling. Nevertheless it seems advisable to review the assessment scale in the near future, particularly in relation to National Assistance cases.

5. Staff

(a) The following table shows the home help staff employed at the end of each of the last 5 years:—

	1955	1956	1957	1958	1959
Full time—42 hours*	6	5	6	6	8
Part-time—27, 24 and 20 hours* ..	65	63	47	51	54
Part-time†	1	5	10	10	12
Totals	72	73	63	67	74

* guaranteed weekly wage.

† paid for hours actually worked.

In spite of a considerable turnover, the total number of home helps has increased, mainly in the Headington and North Oxford areas. This has meant that the strain on the service has been somewhat less despite the increase in the number of cases helped. It is apparent that householders who are both eligible for the service and able to pay the full cost are finding it more difficult than ever to find private help. They are therefore making increasing demands on the service.

(b) Provision of uniform

The home help is entitled under the conditions of employment to an outdoor uniform of a green waterproof coat with hood, and a home help embroidered badge on her arm. This is renewable after approximately three years. Indoor uniform consists of a green overall with the home help badge on the arm and a rubber apron.

The present estimates are inadequate for maintaining the uniform in reasonable condition, so the City Council has agreed to a fixed sum per head for this purpose.

6. Change of location

The headquarters of the service moved from Church Street to 29—31 George Street in March, 1959. The new premises are very satisfactory, except that they are on the fourth floor and there is no lift. This presents a great difficulty to the majority of callers, who are either pregnant or aged. An internal telephone has been installed on the ground floor, but it is seldom used.

Arrangements have been made with the City Treasurer for payment of wages to be made at the office every Friday. This has proved very satisfactory, as the home helps foregather in the hall and the organisers have an opportunity of discussing any problem concerning their work with them.

(e) DISTRICT NURSING

1. General arrangements for the service

The City Council is a member of the Queen's Institute of District Nursing and the staff consists almost entirely of Queen's nurses and Queen's student nurses.

The service is based on a central Home in North Oxford and two branch homes (at Headington and Cowley), but many nurses prefer to live out.

It is gratifying to record that the City Council granted two additional car allowances for district nurses in March 1959; also that allowances were given to any nurse who uses a scooter or motorized cycle. At the end of the year four nurses were taking advantage of the latter arrangement.

2. Staff

On December 31st 1959 the position was as follows:—

Superintendent, resident 1

Assistant superintendent, non-resident .. 1

Home nurses:—

Queen's nurses:—

Resident full-time	5	} Equivalent to 20 full-time nurses
Non-resident full-time	12	
Non-resident part-time	2	
State registered nurses:—		
Non-resident full-time	1	
Nursing orderly:—		
Non-resident full-time	1	

The staffing position was very good throughout the year. On December 31st it was at full strength.

3. Cases nursed during the year

The following table shows the source of new patients during the year and includes figures for the three previous years for comparison:—

	1956	1957	1958	1959
General practitioners	2,345	2,099	2,032	1,970
Hospitals	72	113	101	73
Direct application	113	99	55	78
Other sources	5	9	4	6
Totals	2,535	2,320	2,192	2,127

The number of cases nursed and visits paid in different categories and ages is shown in the table on page 37.

Comments on these figures

New cases nursed during the year show a reduction of 65 compared with 1958, and the total visits paid a reduction of 1,357.

The detailed table of visits (set out according to the requirements of the annual return to the Ministry) shows the following features:—

(a) Children under 5 years of age continued to provide very little work. Only 931 visits were paid to 70 patients in this category compared with 995 visits and 76 patients in 1958. It thus seems unnecessary to contemplate any specialised service for this age-group.

(b) There was a slight increase in the number of visits paid to tuberculous patients; 3,628 compared with 3,165 in 1958.

(c) Visits to patients over 65 years of age accounted for 31,592 out of a total of 52,168—i.e. 60% compared with 64% in 1958.

4. Types of treatment given

Pending a generally accepted classification of treatments given, the same standardised method has been used locally during the past four years. As one patient may receive two or more types of treatment, the total is naturally in excess of the visits paid—in 1959 by 2,685.

The following table shows the treatments given during the year and includes figures for the three previous years for comparison:—

	1956	1957	1958	1959
Injections				
(1) Insulin	7,430	6,188	6,963	6,956
(2) Streptomycin	4,666	3,500	4,044	4,453
(3) Penicillin	11,488	9,797	8,599	8,447
(4) Any other injections ..	9,225	10,172	8,033	7,346
Blanket baths	5,744	6,225	5,713	5,569
Enemas	498	422	433	465
Dressings	8,983	7,671	8,794	8,708
Washouts, douches, catheterizations	752	829	571	606
Changing of pessaries	141	197	204	188
General nursing care	16,999	13,574	12,160	11,684
Attendance at minor operations ..	9	1	—	1
Any other treatment	393	590	447	430
Totals	66,328	59,166	55,961	54,853

5. The value of the service in relieving the pressure on hospital beds

Scrutiny of the records of patients nursed during the year shows that 139 of them would have needed hospital care if a district nurse had not been in attendance. These patients can be classified as follows:—

					<i>Over 65 years of age</i>	<i>Under 65 years of age</i>
Medical	..	..	..	..	55	60
Surgical	..	..	..	..	4	20
					—	—
					59	80
					==	==

There were 16 cases of cancer among these patients.

6. Ministry of Health Circular 14/57 (Local authority services for the chronic sick and infirm)

In Oxford it is clear that the district nursing service makes a large contribution to the welfare of the chronic sick and infirm. During 1959 a total of 31,592 visits were paid to patients over 65 years (i.e. 60% of all visits).

Evidence that many chronic sick and infirm patients were nursed can be deduced from the facts that 485 patients received more than 24 visits in the year and that 35,458 visits were paid in this category.

7. Training School

Two courses of training for the Queen's Roll were held during the year. The examination was taken by 11 students, all of whom passed at the first attempt, two of them gaining credits in their practical examination.

The 11 students admitted were classified as follows:—

Staff students (under contract to work for the City for a year after the examination)	..	..	..	..	..	3
Students sent by other Local Health Authorities*	..	..				8
						—
						11
						==

*Students came from Buckinghamshire, Herefordshire, Northamptonshire and Warwickshire.

Classification of patients nursed during the year

	Number of cases attended during year			Total cases	Number of visits paid during year			Total visits
	Under 5 at 1st visit	Over 65 at 1st visit	All other ages at 1st visit		Under 5 at 1st visit	Over 65 at 1st visit	All other ages at 1st visit	
Medical	59	1,022	1,033	2,114	348	27,395	12,378	40,121
Surgical	11	118	165	294	583	3,958	3,723	8,264
Infectious diseases ..	—	1	1	2	—	3	5	8
Tuberculosis ..	—	4	51	55	—	236	3,392	3,628
Maternal complications	—	—	13	13	—	—	147	147
	70	1,145	1,263	2,478	931	31,592	19,645	52,168

Patients (included in the above table) who have received more than 24 visits during the year:—

<i>Patients</i>	<i>Visits</i>
485	25,458

Also included in the above table were 203 visits paid in the late evening, 193 of which were for giving sedatives and 10 for other purposes. There were also 27 visits classified as "casual"—instances in which a nurse called to give treatment but for some reason could not carry it out. During the year 517 patients called at the central and branch homes for a variety of treatments.

8. Refresher courses and conferences

The Annual Conference of Training Home Superintendents was attended by the superintendent and assistant superintendent.

9. Dermatitis among district nurses

Despite the large number of injections of antibiotics given by the nurses (12,900 injections of penicillin and streptomycin were given in 1959) it is satisfactory to note that for the seventh successive year no new case of sensitivity occurred among the staff.

10. Loan of nursing equipment: co-operation with the British Red Cross Society.

The central nurses' home and the two branch homes continued to keep a small stock of nursing equipment to lend to patients.

Thanks are again due to the British Red Cross Society (Oxfordshire Branch) for their co-operation in providing medical equipment on loan to patients so promptly and efficiently. The Society has again helped the district nurses by providing visitors for the sick and aged; also by gifts of old linen.

In the financial year 1959-60 the City Council paid the Society a grant of £300.

Details of the equipment loaned in the City during 1959 are as follows:—

<i>Article</i>	<i>Total</i>	<i>Article</i>	<i>Total</i>
Air beds	8	Electric bells	1
Air pillows	6	Feeding cups	7
Air rings	99	Foot rests	1
Bed blocks	18	Fracture boards	5
Bed cradles	47	Mackintosh sheets	193
Bed pans	168	Scales	4
Bed pans—rubber	11	Urinals	46
Bed rests	111	Walking aids	2
Bed tables	12	Walking sticks	20
Carrying chairs	1	Wheel chairs	128
Chair commodes	33		—
Commodes	62		1,004
Crutches	21		==

(f) NURSING HOMES

The following Nursing Homes were on the register at 31st December, 1959:—

	<i>Number of beds available</i>
Acland Home, Banbury Road	44
Castle Nursing Home, 7 Davenant Road	3
Restholme, 230 Woodstock Road	7
St. John's Home, St. Mary's Road.. .. .	63
St. Luke's Home, Linton Road	26
	143

A total of 18 inspections were made by members of the staff to these registered premises.

(g) CONVALESCENCE

Arrangements were made for recuperative holidays for 26 patients during 1959, two of whom were recovering from tuberculosis.

Owing to the exceptionally fine summer, the seaside homes were very heavily booked but accommodation was found for all applicants who were considered suitable.

Applicants were assessed for payment according to income and contributions were as follows:—

Patients making payment in full	6
Patients making part payment	6
Patients making no payment	14

Travelling expenses for 9 patients were paid by the Council.

Recommendations for recuperative holidays were as follows:—

General practitioners	19
Hospital authorities	7

The total cost to the Council for 1959 was £173 3s. 8d.

Patients were received at the following homes:—

	<i>Men</i>	<i>Women</i>	<i>Children</i>
Bell Memorial Home, Lancing-on-Sea	—	15	—
Charleigh, Lancing-on-Sea	—	1	—
Lennox Holiday Home, Southsea	—	1	1
Maitland House, Frinton-on-Sea	—	3	—
St. John's Convalescent Home, Weston Favell..	1	1	—
St. Michael's Convalescent Home, Clacton-on-Sea	—	1	—
Winterton House, Wendover	—	1	1
	1	23	2

(h) HEALTH EDUCATION

The most valuable form of health education is considered to be the individual discussion and advice which is given by the doctors, dentists, health visitors, midwives, district nurses, public health inspectors, welfare officers, mental welfare officers and other members of the Health Department during their daily duties. Attention is also drawn to health matters by means of posters and pamphlets at clinics, and by the distribution of pamphlets by Health Department staff. Talks and demonstrations illustrated by filmstrips or slides have been given by members of the Department to a variety of public audiences. Senior members of the Health Department have again taken part in the formal instruction of medical students, health visitors, district nurses, midwives, hospital student nurses and nursery nurses.

Several health visitors have given regular talks and demonstrations in schools, usually at the request of domestic science teachers of secondary modern schools. One junior school asked for talks on dental hygiene and food. An example of what can be done with seniors was shown by a project where the health visitor introduced and demonstrated an aspect of baby care in the first session of the morning. After her departure the rest of the day was spent in practice with the teacher, in preparation of "scrap-books" showing patterns and costs, methods of feeding, suitable shoes, etc., with a visit to the local nursery school or with discussion of filmstrips on the main subject. All were actively concerned and great interest was shown throughout.

The public health inspectors have continued to give lectures to school leavers, domestic science classes, Townswomen's Guilds, and other adult associations on such subjects as housing, environmental hygiene, domestic pests and food hygiene. The report of the Chief Public Health Inspector refers to other aspects of health education (particularly in relation to food hygiene) which have been organised by his section.

Mothercraft classes

These classes are planned to help expectant mothers to prepare themselves for childbirth and for the care of their babies. They are available for any expectant mother whether booked for home or hospital confinement. During 1959, three courses of instruction were given at the Bury Knowle and Donnington Centres and it is planned to hold additional courses at 60 St. Aldate's during 1960.

	<i>Bury Knowle Centre</i>		<i>Donnington Centre</i>	
	<i>On register</i>	<i>Total attendance</i>	<i>On register</i>	<i>Total attendance</i>
Course I January—March ..	18	107	29	148
Course II April—August ..	10	57	29	126
Course III September—December	11	66	26	85

(i) DOMICILIARY OCCUPATIONAL THERAPY

This has been a year of change for the Domiciliary Occupational Therapy Service. The number of domiciliary visits has increased and Shotover View, an additional new Home for aged people was opened. A second Assistant Occupational Therapist was appointed in June but unfortunately she became ill in October and had not returned to duty by the end of the year.

Approximately 140 patients in the City were visited during the year. The number of visits to patients varied in accordance with their need.

During the year it became clear that certain patients discharged from hospital suffering from permanent limb disabilities needed help in household matters and toilet arrangements besides treatment for the affected limbs. Various "aids" have been supplied and although this side of the work has taken up a great deal of time it has been very worthwhile as the ultimate aim must always be to make the patient as self-reliant and independent as the disability will allow.

The annual competition was held at the Nuffield Orthopaedic Centre in early October, and we are grateful to the Administrator for allowing us facilities there at very short notice. Brigadier F. R. L. Goadby, Chairman of the Oxfordshire County Council Health Committee, presented the prizes, and the County Medical Officer of Health, Dr. M. J. Pleydell, M.C., was Chairman. We are most grateful for the interest and support that Dr. F. Ridehalgh continues to give to the Occupational Therapists during the year and especially for his interest and presence each year at this Exhibition and Craft Competition for patients.

In October the whole department moved from The Laurels to the Sheltered Workshop in Woodstock Road. This was a step forward in a very practical way as obviously it is most convenient for the department to be in the same building as the retail shop for the sale of goods made by handicapped workers. During the year over 1,500 articles made by the disabled were sold in this shop.

The work done in the old people's Homes was very worthwhile. The residents appreciated the weekly session and in the coming year it is hoped to enlarge this side of the work as much as possible.

The liaison with the Chest Physicians, health visitors, and almoner at the weekly Chest Clinic conference continues to be beneficial to the work.

E. TARGETT

Head Occupational Therapist

(j) CO-ORDINATING COMMITTEE for CHILDREN NEGLECTED or ILL-TREATED in their OWN HOMES

This Committee continues to meet about every six weeks. Case-conferences of the individual workers concerned are also held whenever this course seems desirable.

(k) GENERAL PRACTITIONER SURGERY PREMISES

These rather unique premises built as a branch surgery by the Housing Committee to serve the Minchery Farm Estate have now been open for two years. They have continued to give satisfaction to the general practitioners using the premises as well as to the residents of the estate. As foreshadowed in last year's report, some of the doctors found that, in the light of experience, they had oversubscribed and now wished to reduce the number of their weekly surgeries. Accordingly, at the end of the two year period the Housing Committee agreed that the total surgery sessions each week could be reduced to 8, shared by 5 partnerships. Oxfordshire County Council who have been using the premises as headquarters for district health visitors have now made alternative arrangements and will no longer require the premises for this purpose after the end of March 1960.

SECTION IV

INFECTIOUS DISEASES AND INFESTATION

(a) EPIDEMIOLOGY

Scarlet Fever

94 cases were notified during the year. The biggest concentration was in the last three months, and evidence of widespread streptococcal infection has continued until the time of writing (March 1960).

The numbers of cases of scarlet fever notified during the past ten years have been as follows:—

1950	39
1951	76
1952	102
1953	136
1954	35
1955	23
1956	24
1957	29
1958	56
1959	94

It is of interest that the 39 cases notified during 1950 were, up to that time, the smallest number recorded.

Diphtheria

For the tenth successive year no case of diphtheria occurred.

Typhoid and Paratyphoid Fevers

One case of typhoid fever was notified in a man who had recently returned from a coach tour of Spain. His two sisters who had accompanied him proved to be free of infection although investigations by the Ministry of Health showed that a total of 12 persons who went on this particular tour were infected.

A boy normally attending an independent boarding school outside Oxford visited France during his summer vacation and became infected with *Salmonella paratyphi* B. He continued to excrete the organism for two months during which time he remained in the Slade Hospital.

Another case of infection with *Salmonella paratyphi* B was a man of 60 who was admitted to the Radcliffe Infirmary suspected of suffering from an acute abdomen. No likely source of infection could be discovered.

Poliomyelitis

No case of this disease was notified during the year. The year of

greatest incidence was 1938 with 35 notifications. The following figures apply to the past ten years:—

	<i>Paralytic cases</i>	<i>Non-paralytic cases</i>
1950	7	1
1951	4	—
1952	7	—
1953	6	—
1954	2	—
1955	13	3
1956	1	1
1957	6	—
1958	1	—
1959	—	—

Measles

1959 proved to be an epidemic year for measles, 1,117 cases being notified. The epidemic was confined to the months of January to July inclusive, the peak period being during March and April.

Whooping Cough

Only 40 cases were notified (c.f. 23 in 1958; 213 in 1957). Over half the cases occurred during April and May.

Influenza

During the early part of 1959 there occurred a nation-wide epidemic of influenza due in some outbreaks to Type B virus and in others to Asian Type A. There was a tendency for school children to be involved first and this was certainly true in Oxford. Here the school attendance figure of 74% which occurred during the week ending February 6th was lower than that occurring during any of the influenza epidemics of the previous ten years. During that week 39 schools had attendances of 75% or below, the lowest being 43.8%.

The spread of the disease amongst the adult population was, as usual reflected in the number of claims for sickness benefit received by the Ministry of National Insurance. A sharp rise became apparent at the end of the first week in February and rose to a peak of 1,325 claims in the week ending February 25th. This compares with 415 claims for the same week in 1958 when there was no epidemic influenza and with 1,556 claims at the peak period of the epidemic of Asian Type influenza in October 1957.

During the six weeks commencing at the beginning of February 1959, 18 deaths were recorded as being associated with or precipitated by influenza, all but 2 being persons aged over 65.

Bacillary Dysentery

90 cases of dysentery were notified during the year, all due to infection with *Shigella sonnei*. In February an outbreak occurred at Singletree

Nursery School. Routine bacteriological investigation of all those attending showed that 18 out of 40 children were carrying the organism, but that the 8 adults on the staff were free. The majority of the affected children had produced negative specimens before the end of the month and the outbreak was completely over within five weeks of the onset. 18 other persons who had had diarrhoea and who were family contacts of the affected children were investigated. Of these, 12 were bacteriologically positive.

The remaining cases which occurred during the year were sporadic in nature and were scattered about the City. 14 children attending 11 other schools were affected but the disease showed no tendency to spread although there was no routine exclusion of contacts and, except in the case of nursery schools, cases were controlled on clinical rather than bacteriological grounds.

An unusual feature of the notifications was that 40 applied to adults, and of these, 23 were separate cases with no known contacts.

Food Poisoning

The number of food poisoning notifications was 26, compared with 72, 21 and 154 in the previous three years. The following organisms were isolated from notified cases:—

Salmonella typhi-murium	..	..	..	18
Salmonella seftenberg	..	..	..	6
Salmonella st. paul	..	..	..	1
Salmonella mikawasima	..	..	..	1

A baby of nine months who was found to be infected with *Salmonella st. paul* was thought to have acquired the organism (together with his mother who was a carrier) while staying in south-east London two months earlier. An incident with the same organism had occurred there at about that time and had been attributed to sausages provided by the shop from which the Oxford family had purchased meat while in London.

In 15 cases of infection with *Salmonella typhi-murium* it was not possible to identify the responsible foodstuff. 8 of these were single cases, 3 cases occurred in one household and 2 cases each in 2 other households.

Three outbreaks of wider implications are described below:

(1) One hot day in June, 3 cases of suspected food poisoning occurring in students at Balliol College were notified to the Health Department by a general practitioner. Investigations revealed that altogether 10 members of this college had suffered from diarrhoea and nausea or vomiting within a few hours of each other. Three of them were found to be excreting *S. typhi-murium*, but a full scale enquiry could not be made as the incident occurred within forty-eight hours of the end of term and by the time investigations were in hand most of the college members had dispersed.

It appeared however, that the only common food which all those affected had eaten consisted of pork sandwiches, and that symptoms commenced between 6—12 hours after their consumption. Nine pounds of roast shoulder pork had been delivered ready cut from the retailer in the morning, and had been made into sandwiches and served the same evening. Over 90 persons appear to have been at risk. Investigations carried out on the pantry staff at Balliol were negative, but when 8 members of the staff in the retailer's shop were examined, 2 were found to be excreting the organism. One of these actually sliced the suspected pork and admitted to having had mild bowel symptoms for the previous fortnight. Both were suspended from work until multiple tests had shown them to be free of infection.

(2) During September and October, what appeared to be a carrier outbreak of infection with *Salmonella seftenberg* occurred at the Radcliffe Infirmary, mainly among members of the nursing staff in the Nuffield Maternity Home. Investigations commenced in mid-September when 12 mothers and 3 babies developed diarrhoea. Specimens were thereupon submitted from all patients and staff in the maternity blocks with the result that 26 persons were found to be excreting the organism. As nearly all those with symptoms were found to be negative it was not thought that the original outbreak of diarrhoea had any connection with the *Salmonella* infection. In addition 5 other patients distributed about the main body of the hospital were found to be infected and were transferred to the Slade Hospital.

Owing to the number of nurses carrying the organism it was not possible to suspend them from duty, but as a precautionary measure, all premature and difficult babies were transferred to the Churchill Hospital, and all other babies were looked after by nurses known to be free of infection.

(3) An outbreak of staphylococcal food poisoning affecting 10 persons occurred in December. A smoked shoulder of ham was purchased at the retailers and placed in a domestic refrigerator in the home where it remained for three days. It was then cooked for $2\frac{1}{2}$ hours, left to cool for one hour in the water, skinned, wrapped in aluminium foil and left at room temperature until the following day. About thirty hours later 5 persons ate the ham and developed abdominal pain, vomiting and diarrhoea within 2—12 hours. During the next five days the ham was kept at room temperature and formed the basis of eleven individual meals. In every case symptoms occurred within a few hours of its consumption, usually within 2—4 hours. A curious feature of this outbreak was that one person had symptoms on four separate occasions within a short time of her eating the ham and 3 other persons were each affected on 2 separate occasions before it was realised that the ham might have been responsible.

Examination of the ham showed no evidence of metallic contamination but its culture gave a heavy growth of *Staphylococcus aureus*. It transpired that one of the persons who helped in the preparation of the

ham had recently been in hospital for removal of a nasal polypus. A nasal swab from this person also gave a heavy growth of *Staphylococcus aureus* and it seems likely that this was the source of the contamination although the results of phage typing have not yet been received.

Annual Return of Food Poisoning

The information requested by the Ministry of Health on its prescribed form differs from that required in previous years. The new arrangement is as follows:—

1. Number of food poisoning notifications received	26
Number of cases otherwise ascertained	10
Number of symptomless excreters	28
Fatal cases	Nil

2. Particulars of outbreaks

AGENT	No. of Outbreaks		No. of cases		Total No. of cases
	Family outbreaks	Other outbreaks	Notified	Otherwise ascertained	
Agent identified:					
(a) Chemical poisons	—	—	—	—	—
(b) Salmonella					
Seftenberg ..	—	1	6	—	6
Typhi-murium	3	1	10	—	10
(c) Staphylococci					
(including toxin)	1	—	—	10	10
(d) Cl. botulinum ..	—	—	—	—	—
(e) Cl. welchii ..	—	—	—	—	—
(f) Other bacteria ..	—	—	—	—	—
Totals ..	4	2	16	10	26

3. Single cases

AGENT	No. of cases		Total No. of cases
	Notified	Otherwise ascertained	
Agent identified:			
(a) Chemical poisons	—	—	—
(b) Salmonella			
Mikawasima	1	—	1
St. paul	1	—	1
Typhi-murium	8	—	8
(c) Staphylococci (including toxin) ..	—	—	—
(d) Cl. botulinum	—	—	—
(e) Cl. welchii	—	—	—
(f) Other bacteria	—	—	—
Totals	10	—	10

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Churchill Hospital	Slade Hospital
Scarlet Fever	—	—	1
Erysipelas	—	—	1
Puerperal Pyrexia	38	6	—
Ophthalmia neonatorum	14	—	—
Pemphigus neonatorum	—	1	—
Measles	2	—	7
Pneumonia	—	—	7
Meningococcal infection	1	—	1
Typhoid Fever	—	—	1
Paratyphoid	—	—	2
Bacillary Dysentery	—	—	6
Food Poisoning	2	—	6
	57	7	32

AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1959

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT AGES IN YEARS													TOTAL NUMBER OF CASES IN EACH WARD						
	At all ages	Under 1 yr.	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	S'town & W'lver cote	North	West	South	East	Head- ington & M'ston	Cowley & Iffley
Scarlet Fever ..	94	—	—	3	11	15	55	9	—	1	—	—	—	4	5	15	1	16	22	31
Erysipelas ..	8	—	—	—	—	—	—	—	—	—	1	5	2	1	1	2	1	—	2	1
Puerperal Pyrexia ..	47	—	—	—	—	—	—	—	4	34	8	1	—	1	39	—	—	—	6	1
Ophthalmia neonatorum	14	14	—	—	—	—	—	—	—	—	—	—	—	—	14	—	—	—	—	—
Pemphigus neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Measles ..	1117	26	101	129	139	169	510	30	5	5	2	1	—	94	37	77	124	93	493	199
Whooping Cough ..	40	3	3	1	3	2	20	4	4	—	—	—	—	—	2	—	—	—	33	5
Pneumonia ..	56	1	—	—	—	1	3	3	—	6	8	13	21	5	10	13	4	4	13	7
Meningococcal infection	2	—	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Typhoid Fever..	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Paratyphoid ..	2	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	1	—
Bacillary Dysentery ..	90	2	5	7	10	9	13	5	6	27	3	2	1	2	17	3	2	4	12	50
Food Poisoning ..	26	3	2	2	—	—	2	—	1	10	—	4	2	—	12	1	—	4	5	4
	1498	50	111	143	164	196	603	52	20	83	23	27	26	107	138	111	132	122	589	299

(b) THE SLADE HOSPITAL (Infectious Diseases Department)

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. A. G. Ironside, M.B., Ch.B., continued as Resident throughout the year, and the following report prepared by him is included by reason of the fact that the infectious diseases patients at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department:—

“There were 440 admissions to the Infectious Disease Department of the Slade Hospital during the year 1959. In the last 12 years the number of admissions has varied between 335 and 556 cases. However, during the last 6 years the variation has been less, being between 400 and 500, despite quite wide fluctuations in the incidence of individual diseases.

The department consists of 36 beds. There is a single cubicle ward of 12 beds and a 24 bed ward divided into 4-bedded cubicles.

The greatest change in disease has been the drop in admissions for paralytic poliomyelitis. This can be seen from the accompanying table for the admissions for the last 12 years:—

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
13	21	30	13	14	20	6	38	8	22	14	2

There can be no doubt that this happy state of affairs has been brought about by the intensive programme of vaccination with Salk type vaccine which has been going on in the last 2 years. Of the 2 cases admitted, neither had had the vaccine; one of these, a man of 30 years, will be left severely disabled.

Visiting has always been a vexed question in isolation departments, but daily visiting has been allowed here for some considerable time. New arrangements have now been made for visiting children in the light of the recent emphasis on the ill effects of hospital admission on young children particularly due to separation from their parents. Children aged from 5—14 years may now be visited by their parents at any time. With younger children the parents are encouraged to visit daily, to stay as long as they can, and to help to feed the children and settle them down at night. These arrangements have caused no inconvenience to the staff of the wards and have obviously been of great importance in making the younger children happier in hospital.

During the year the Milk Kitchen in C.2 Ward has been fully operative, and has supplied feeds to all babies admitted to the hospital conveniently and safely.

Colour photographic equipment became available during the year. This has been very successful, particularly in the case of infectious rashes,

and it is hoped that the colour films will be very useful in the training of medical students and assistant nurses in the hospital.

With the growth of the Assistant Nurse Training School, now centred on Cowley Road Hospital, the numbers of nurses available has for the first time in recent years been nearly adequate for the amount of work and this has allowed a real rise in the standard of care given to patients, with a corresponding relief from frustration among the senior staff.

Towards the end of the year a hospital committee comprising medical, nursing and administrative staff met several times to discuss every aspect of isolation, cross infection and disinfection. A report was drawn up which scrapped many time-worn conventions, and introduced, as far as possible, all the latest measures available in these fields, so that the techniques now in use have been thoroughly brought up to date.

The most common type of admission continues to be disease of the alimentary tract and this was responsible for 129 cases, as follows:—

	<i>No. of Cases</i>				
Gastro-enteritis of Infants	28				
Non-specific Gastro-enteritis of Children	7				
„ „ „ „ Adults	24				
Post-operative diarrhoea	20				
Food Infection—suspected toxin	8				
Salmonella Enteritis	10				
Dysentery	15				
Typhoid and Paratyphoid	4				
Assorted diagnoses	13				

This is a large and very important group and now seems to form the backbone of work in infectious disease hospitals.

In any large group of cases presenting with diarrhoea and vomiting there are bound to be several black sheep among the flock. In the present group there were 7 acute surgical conditions diagnosed, of which 5 were cases of peritonitis, due in 4 instances to a perforated appendix and, in one, a ruptured Meckel's Diverticulum. There were also single cases of carcinoma of colon and acute diverticulitis. These cases were all passed on immediately to the Radcliffe Infirmary for treatment, where all the peritonitis cases did well.

Other assorted non-infectious causes of diarrhoea or vomiting were found in 6 cases, including one of ulcerative colitis and one of Crohn's Disease, who died later of associated heart failure.

There were 24 cases of non-specific gastro-enteritis in adults, including 2 in the puerperium and one in late pregnancy. 4 of the cases showed dehydration and this complication is always dangerous in adult or child. One of these dehydrated cases was complicated by a cerebral thrombosis in a middle-aged man who made a good recovery. The sort of unavoidable complications which can arise is well illustrated by the following case. A married woman of 30 developed severe diarrhoea and vomiting and became dangerously dehydrated and collapsed because she was unable

to keep up her fluid and salt intake. The dehydration responded slowly to intravenous fluids, but she developed venous thrombosis of a leg which had been the site of a slight injury to a knee caused by a faint earlier in the illness. When treated with anticoagulants to limit the spread of the thrombosis, she unfortunately developed a haemorrhage into the knee which caused severe weakness of the leg and required prolonged orthopaedic treatment.

No fewer than 20 cases of diarrhoea were transferred from surgical wards having developed post-operative diarrhoea, and in 16 cases this was found to be associated with staph. aureus. In many of these cases the precipitating factor appeared to be treatment with a broad spectrum antibiotic such as tetracycline following an abdominal operation. The lesson to be learned seems to be the avoidance of the use of these drugs unless for a very good reason in the post-operative period. The disease seems commonest in elderly debilitated patients. The disease contributed to the death of 3 patients, and a fourth died from the enterocolitis itself, having a fulminating illness, as sudden and severe as Asiatic cholera, dying within 2 hours of the first real symptoms.

There were 8 cases of acute food poisoning, 4 of whom were admitted on the same day from the Royal Show. This outbreak was traced to staphylococci in pork pies.

There were 7 cases of non-specific gastro-enteritis in children. This sort of illness is very common in children and so it usually happens that only particularly severe cases are admitted to hospital. 5 of these were dehydrated and one who had suffered from diarrhoea for some time showed a condition of marasmus and wasting. One other case presented with convulsions. All these cases recovered.

Gastro-enteritis is still a not uncommon disease among infants in this district. This was one of the great scourges of the past and a major cause of death in infancy in the 19th and early 20th centuries. This disease has become very much less common in the last few decades but still occurs and the final reduction in mortality to negligible levels seems to be due more to the treatment being used in infectious disease hospitals throughout the country. There were 28 admissions, from 2 of which a specific O55 type B. coli was isolated, but no pathogens were found in the other cases.

The only serious complication in this illness is dehydration with its characteristic clinical picture of sunken, black ringed eyes in a pale faced, restless infant with a dry mouth and a dry finely wrinkled skin with the imminent risk of convulsions, coma and death. The usual treatment of established dehydration, particularly in infants who continue to vomit, has been intravenous fluids. This procedure is not by any means free of risk particularly from spreading thrombosis and infection from the drip. Working on the principles that a dehydrated infant is invariably thirsty and that fluid is absorbed very rapidly from the gut, a serious attempt has been made to feed these infants by mouth in the last year or so. This requires nursing care of the highest order in order to feed an ill baby with

small amounts of fluid perhaps every 15 minutes for 3 hours, but this has been done. Of the 28 admissions, 12 were not dehydrated and presented no problem. Of the remaining 16, who were moderately or severely dehydrated, no less than 14 were successfully treated with oral fluids only. One baby, severely dehydrated but who was also mentally defective and had never developed the interest to feed, required intravenous fluid. One other child was treated electively by intravenous fluid during the summer when all "the first team" were on holiday. All these infants recovered fully and it was felt that they improved as rapidly as any treated by intravenous fluids, being fully hydrated in most cases in 8 to 12 hours. Vomiting was never encountered, apart from a single small episode in an occasional case, despite the fact that the infants had all been vomiting repeatedly before admission. The most satisfactory regime found was feeding with $\frac{1}{2}$ -strength Darrows Solution given 2 oz. every 15 minutes for $1\frac{1}{2}$ to 3 hours depending on the weight of the baby, followed by 2 ozs. every one or two hours for the next 12 hours.

Several recurrent circumstances noted in the histories of these infants which seem to have contributed to the development of dehydration are worth mentioning. One, always to be avoided, is withholding all fluid for 24 hours from a baby who is suffering from diarrhoea and vomiting in an attempt to control the symptoms. Another recurrent mistake is to thicken the feeds of an infant who vomits milk in the hope that the "heavier" feed will be kept down. It never is! It has also been found that glucose added liberally to drinks tends to aggravate the symptoms. Glucose probably causes pooling of fluids in the stomach encouraging vomiting; it draws water into the intestine and provides a good culture medium for bacteria in the gut, thus aggravating the diarrhoea. So glucose has never been added to fluids since it is an uncertain help and a certain hindrance to recovery. So it has been found that, except in an exceptional case, dehydration even of a severe degree, can be managed simply and safely by simple methods of oral feeding. It would seem that the majority of these infants would never have developed dehydration if feeds had been changed to weak common salt solution at home ($\frac{1}{2}$ teaspoon to a pint) and perhaps given more often in lesser amounts.

There were 14 admissions for dysentery and this disease seemed a little more severe than in previous years. All were of the Sonne variety. Two presented with such abdominal pain that they were subjected to appendicectomy before the real diagnosis was established. In another 2 cases there were convulsions at the onset, a not uncommon occurrence with this disease. One young man, who was being treated with sulphasuxidine, developed a severe sulphonamide reaction with fever, abdominal pain and exfoliate skin lesions, more severe than his original trouble. All cases recovered completely.

There was 1 case of chronic amoebic dysentery.

There were 10 admissions for salmonella enteritis, 9 being due to the typhi-murium type. One case died from an unrelated carcinomatosis.

Another case, in an elderly woman, had a very stormy illness. The original illness was sufficiently severe to cause dehydration and temporary renal failure. The illness soon relapsed in a severe septicaemic form, and although this recovered with very heavy courses of chemotherapy, she did suffer an arterial thrombosis of a leg which eventually required amputation.

There was a single case of classical typhoid fever in a man just returned from holiday in Spain. He recovered uneventfully on chloromycetin treatment. At the same time, a schoolboy who had just returned from France was admitted with paratyphoid fever. This child, and one of the salmonella typhi-murium cases, both became stubborn carriers but eventually cleared with combined treatment with terramycin and altafur, to which the respective organisms had been shown to be sensitive in vitro.

The 1958 measles epidemic continued into the current year and 41 cases were admitted. 9 contacts from other medical wards were also admitted. 8 of the cases were complicated by pneumonia and 3 by otitis media. 3 cases were complicated by tracheobronchitis, one of which developed a complete laryngeal obstruction and required an emergency tracheotomy on the ward. 2 cases were heralded by convulsions. There were 4 cases of measles encephalitis, 3 of which came from a small outbreak of 30 cases in a girls' boarding school. One of these died despite treatment on I.P.P.R. The other 2 eventually made a complete recovery.

Respiratory infections showed an increase during the year, causing 42 admissions. 22 of these were cases of lobar pneumonia, several of those admitted earlier in the year being a complication of influenza. 11 cases were classified as bronchopneumonia and the remaining 9 were cases of bronchitis and asthmatic bronchitis. There were 2 deaths from lobar pneumonia, both in elderly men; in one the disease was complicated by uraemia, and the other by chronic bronchitis.

Glandular fever accounted for 30 admissions. The great majority of these were, as usual, young adults particularly from the University, and the disease, although virtually never fatal, must cause a good deal of morbidity and loss of study time amongst undergraduates. Apart from the usual typical clinical picture with a positive Paul Bunnell and suggestive white blood count, there were also similar disease pictures when these features were not found and 4 cases were so classified. 11 of the cases were predominantly of the anginose type. Although sore throat is a universal symptom in this illness, cases were only classified as anginose when there was a severe tonsillitis with marked oedema and inflammation of the fauces and a thick purulent exudate over the tonsils, in some of the cases, the tonsils actually meeting in the midline. It was confirmed that, as usual, no particular organism can be isolated from throat swabs and it seems likely that these severe throats are a part of the illness itself and not due to secondary infection. Almost every case had been treated with a variety of antibiotics before admission without showing any response. No specific therapy was given to these cases in hospital except on the rare

occasion when a specific organism such as the haemolytic streptococci was found, and all steadily improved without treatment. 3 of the cases were complicated by hepatitis but this was always a mild, shortlived complication.

There were 25 cases of chickenpox admitted during the year. As usual, the majority were admitted for social reasons, and apart from putting the barrier nursing techniques to a severe test, made no undue demand on medical or nursing staff.

In one case, herpes zoster accompanied the chickenpox and, in another an unusual but transient paralysis of swallowing occurred, whilst a further case was complicated by febrile convulsions. All recovered completely.

There were 16 cases classified as upper respiratory tract infections, a vague group at the best. 2 of these were complicated by convulsions and one by otitis media.

There were 13 cases of tonsillitis, one complicated by haematemesis. There were also 3 cases of quinsy.

There was a sharp outbreak of influenza in February and March and this caused 10 admissions, mostly on social grounds. At the same time, there was a sharp rise in pneumonia admissions, described under that heading. 3 cases admitted later in the year had only the unsatisfactory name of non-specific virus infections attached.

There were 11 cases of mumps. 6 of these cases were complicated, 3 by virus meningitis, 1 by meningitis and orchitis, 1 by orchitis, and 1 by iridocyclitis.

8 cases of infective hepatitis were admitted, mostly young adults. One young woman aborted in the early stages of the illness, and one young man had his appendix removed before the jaundice appeared to give away the diagnosis. One child of 5 years suffered from progressive jaundice and eventually hepatic failure with coma. She was treated with large doses of cortisone as well as supportive intravenous fluids and other measures, but failed to respond to treatment and died. The other cases all recovered completely.

There were only 7 admissions for scarlet fever, 3 of these being of the surgical type.

There were only 6 cases of meningitis admitted. 3 of these being of the virus type, 2 purulent cases in which the organism was unknown, and 1 meningococcal case. All recovered.

There were 5 cases of erysipelas, 4 involving the face, and one a leg. This illness consistently shows a rapid response to sulphonamides or penicillin.

There were 5 cases of pertussis, one young baby having a desperately severe illness, but all recovered.

There were 3 cases of puerperal pyrexia, only 1 being streptococcal.

There were 12 deaths during the year. 5 of these were due to specific infections, one measles encephalitis, one infective hepatitis, one lobar pneumonia, one staph. enterocolitis, and one staph. lung abscess (post-

operative). In addition, infections contributed to the death of 5 other cases, namely pneumonia in uraemia, staph. enteritis in post-operative cases dying of other causes (3 cases) and salmonella enteritis in carcinoma of the stomach.

2 elderly women died of coronary thrombosis within minutes of admission.

There were 9 lodgers admitted during the year, in 5 cases mothers accompanying sick babies, and in 4 cases, healthy babies with sick mothers usually in the puerperium.

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1959

	<i>Admissions</i>	<i>Deaths</i>
Measles	50	1
Pneumonia and Bronchitis	42	2
Glandular Fever	30	—
Gastro-enteritis of Infancy	28	—
Chickenpox	25	—
Gastro-enteritis of Adults	24	—
Post-operative Enteritis	20	4
Upper Respiratory Infections (non-specific)	20	—
Tonsillitis and Quinsy	16	—
Dysentery	14	—
Mumps	11	—
Influenza	10	—
Salmonella Infection	10	1
Infective Hepatitis	8	1
Acute Food Infection (Toxin suspected)	8	—
Scarlet Fever	7	—
Gastro-enteritis of Children	7	—
Ulcerative Stomatitis	6	—
Pertussis	5	—
Urinary Infection	5	—
Erysipelas	5	—
Peritonitis	5	—
Enteric Fever	4	—

There were three cases of:—

Virus meningitis, puerperal pyrexia, undiagnosed P.U.O., and herpes zoster.

There were 2 cases of:—

Purulent meningitis, poliomyelitis, otitis media, boils of face.

There were single cases of:—

Meningococcal infection, eczema, rubella, abdominal actinomycosis, ulcerative colitis, animal bite abscess, phlebitis of pregnancy, carcinoma of colon, rheumatoid disease, Stevens Johnson syndrome, lymphadenitis, infected haematoma, tetanus, subarachnoid haemorrhage.

hage, wound infection, chronic amoebic dysentery, herpes simplex, febrile haemarthrosis, dry pleurisy, acute osteomyelitis, post-operative lung abscess, pemphigus, febrile urticaria, cellulitis of face, suppurative parotitis, grisofulvin febrile allergy, scalp ringworm, toxoplasmosis.

There were 23 non-infectious cases and 9 healthy lodgers."

(c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946, are as follows:—

	<i>Proportion of whole-time</i>
Dr. F. Ridehalgh, Consultant Chest Physician to the United Oxford Hospitals	3/11ths
Mrs. D. Hicks, Almoner, Chest Clinic	3/11ths
Mrs. I. Eagle and Miss G. M. Lawrence, Tuberculosis Health Visitors	Whole-time
1 Clerk	3/11ths

Morbidity

There has been a slight halt in morbidity in 1959 of the steady fall which had continued since 1954. Notifications of respiratory tuberculosis at 66 are three more than last year and non-respiratory notifications are 11, an increase of four. This slight change can hardly be regarded as significant. The five-year average of notifications 1954-59 is 106 as compared with 146 for 1944-49. Possibly more significant is the preponderance of male respiratory cases, numbering 47 out of 66 as against 34 out of 63 last year. 22 of these notifications were in men of forty-five years and over, compared with 13 in the same age group last year. Both this year and last only 8 pulmonary notifications occurred in women aged fifteen to twenty-four who until about ten years ago constituted the most vulnerable group. From the clinical angle the attainment of quiescence and sputum conversion is almost invariable although this goal is reached less easily and in a longer time in the older man.

Mortality

Eighteen patients on the tuberculosis register, 14 men and 4 women, died during the year and in a further six cases not previously known to us tuberculosis of some degree was recorded post-mortem. Although the post-mortem findings in these cases did not suggest any serious degree of activity, each case has led to detailed contact survey.

Of the known cases, three men aged respectively 33, 36 and 68, are considered to have died as a direct result of pulmonary tuberculosis. The two younger men were both chronic cases of long-standing with bacillary resistance, one of whom had been an inmate of a mental hospital for many

years. The third man, a respiratory cripple from emphysema, developed an acute exacerbation of a minimal lesion but absolutely refused treatment either at home or in hospital.

In six other cases death was due to acute respiratory or cardiac complications superimposed on extensive but quiescent tuberculosis. One woman of fifty-eight with chronic disease and resistant bacilli had a fatal spontaneous pneumothorax. A further death from spontaneous pneumothorax occurred to our great regret in a man of thirty-five who had been very successfully rehabilitated after prolonged treatment culminating in a pneumonectomy. One man of seventy-four with extensive but sputum negative disease, died of pneumonia after a fractured femur and three other men aged respectively 63, 69 and 86, died from cor pulmonale. Two of these four cases were sputum positive with resistant organisms.

In the remaining nine cases death was due to causes unrelated to their tuberculosis.

General Comments

There is very little change of importance in the general pattern. The outlook for any newly discovered case is very good, both as regards abolition of infectivity and restoration to normal activity. Bacillary resistance is not a problem either in primary isolation of bacilli or during treatment. There is a dwindling remnant of resistant cases dating from the early days of chemotherapy. Only eight such cases were known at the close of the year. The "second line" newer drugs, Viomycin, Pyrazinamide, Cycloserine and Trescatyl, are being used in various combinations in these cases with some success. All these drugs are considerably more toxic than the standard drugs, Streptomycin, P.A.S. and Isoniazid. Although they are now generally available they require very careful laboratory control throughout their use.

It is vitally important that patients on a prescribed combination of anti-tuberculous drugs should take them regularly, conscientiously and for the prescribed period, which is now rarely less than eighteen months. Dogged perseverance of this kind requires great co-operation from any patient and the consequences of carelessness can be serious. These vitally important facts need to be underlined to the patient whenever opportunity serves.

Preventive work continues as before. Contact examination is interpreted in the widest sense to include the household, the family, siblings, the families of married children, and contacts at work. B.C.G. vaccination was given to 189 tuberculin negative contacts.

Once again I wish to record my thanks for a year of hard work to all members of the Chest Clinic team, the Care Committee, and my colleagues in the Public Health Department.

F. RIDEHALGH, F.R.C.P.,

Consultant Chest Physician.

TABLE A

New Cases and Mortality during 1959

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0— ...	—	—	—	—	—	—	—	—
1— ...	—	—	—	—	—	—	—	—
2—4 ...	1	2	—	—	—	—	—	—
5—9 ...	—	—	—	—	—	—	—	—
10—14 ...	2	—	—	—	—	—	—	1
15—19 ...	2	2	1	—	—	—	—	—
20—24 ...	10	6	—	1	—	—	—	—
25—34 ...	7	2	—	4	1	—	—	—
35—44 ...	3	2	—	2	2	—	—	—
45—54 ...	10	1	—	1	—	—	—	—
55—64 ...	6	4	1	—	2	1	—	—
65 and over ...	6	—	—	1	2	1	—	1
Totals ...	47	19	2	9	7	2	—	2

TABLE B

Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
1940	111	43	154
1941	113	42	155
1942	126	58	184
1943	103	46	149
1944	129	29	158
1945	120	34	154
1946	140	32	172
1947	144	27	171
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	101	18	119
1954	116	15	131
1955	110	22	132
1956	94	11	105
1957	84	8	92
1958	63	7	70
1959	66	11	77

Almoner's Report

There have been no dramatic changes in the work referred to the Almoners in the Chest Clinic during this year, and the problems remain as varied as the personalities and circumstances of the patients concerned. Some patients need no more than brief discussion and advice on the statutory services that are available to them during their illness, others need intensive help with complex anxieties which may be brought to the fore by the present illness, or actually caused by it.

The abrupt interruption of the normal work and home pattern occasioned by admission to hospital, naturally brings the worst practical problems to the breadwinner with wife and young children, and here we have again been able to buffer the situation with help from our Care Committee. The number of families helped has not declined in the last few years, lying between fifty and sixty families; a proportion of these are always among the newly diagnosed admitted to hospital, whose financial anxieties may be acute, but remain over a relatively short period, another group constitute the steady core of chronically ill chest cases whose illness extending over several years means continuing financial stringency which can be alleviated by such help as grants for fuel, and considerably brightened by assistance towards a long needed holiday. The amount spent on holidays this year has increased, other types of expenditure have remained much the same, except for fares to visit which have not been so necessary as fewer patients have gone over to Peppard Chest Hospital. Approximately forty patients have had extra nourishment in the form of milk, financed by the Health Department.

Most of our patients have been able to return either to their original employment or to similar work. Some isolated patients for whom the provision of a job has been easier of attainment than the provision of lodgings, have been helped to bridge this gap by working from the hospital for a time, an experiment which is justifying itself in exceptional cases.

We no longer have any patients working at the Tuberculosis colonies, and I understand that these organisations are widening their scope to include other illnesses beyond Tuberculosis.

This year a general increase in the National Assistance Board allowance has helped patients considerably, and we have, as in other years, had good co-operation from the Assistance Board and other statutory authorities, including excellent service afforded to our patients by the Disablement Resettlement Officer, of the Ministry of Labour.

D. HICKS.

(d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a hospital almoner who spends about a quarter of her time on venereal diseases work.

The Consultant in charge of the Special Department is Dr. Patrick Mallam, and the following table summarises the work of the clinic held at the Radcliffe Infirmary for 1959 and compares this year with the three previous years. It should be noted that the figures given in this table include patients from the wide area around Oxford served by the Radcliffe treatment centre:—

New Patients suffering from:	1959		1958		1957		1956	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis, primary ..	7	1	3	—	—	—	2	—
Syphilis, secondary	—	1	—	—	—	—	—	—
Syphilis, cardio-vascular ..	1	—	2	3	—	—	—	—
Syphilis of the nervous system ..	4	—	3	—	4	—	—	—
Syphilis, latent ..	7	1	7	7	7	5	10	9
Syphilis, congenital..	—	1	2	1	1	1	2	3
Total ..	19	4	17	11	12	6	14	12
Gonorrhoea ..	117	31	109	10	63	26	55	29
Other Conditions ..	208	84	157	70	146	63	179	62
Undiagnosed	6	4	5	6	6	4	6	5
Total new patients	350	123	288	97	227	99	254	108
Total attendances ..	1255	594	1102	504	990	450	1045	566

Miss Jackson reports as follows:—

“The total number of new patients has risen to 473 in 1959 compared with 385 in 1958. The total number of attendances was 1,849 in 1959 compared with 1,606 in 1958.

There were 8 cases of primary syphilis, 7 male and 1 female. This compared with 3 cases diagnosed last year. There was one case of secondary syphilis and one case of syphilis latent in the first year of infection.

The total of new patients requiring treatment for gonorrhoea rose from 119 in 1958 to 148 in 1959. The figures for the new patients, male, rose from 109 in 1958 to 117 in 1959. The numbers for the females rose from 10 in 1958 to 31 in 1959.

The total of new patients being treated for Other Conditions rose from 238 in 1958 to 302 in 1959. The figures for the males rose from 162 in 1958 to 214 in 1959. The figures for the females rose from 76 in 1958 to 88 in 1959.

The figures show a rise in the number of new male patients attending in

the age-group 21—30 years and a fall in the corresponding age group for females. Although this may at first appear to present a negative picture, a closer analysis of the situation suggests that this is not necessarily true as related to the incidence of untreated venereal diseases in the Oxford region. The casual nature of the relationships which the male patients have with their contacts, together with the variety of occupations followed by the men, means that their contacts are often scattered all over the country and may receive treatment at other clinics. It must also be remembered that people may receive treatment privately.

The Almoner continues to see all male patients attending the clinic when they are found to have a diagnosis of gonorrhoea or syphilis and it is thought possible to trace their contacts. She also sees them in order to help with the underlying problems which are contributing to their attendance at the clinic.

The "hard core" of young girls in Oxford who are leading promiscuous lives remain the same; the numbers of this group did not alter and they attended the clinic of their own accord when necessary. This group is well-known to the Almoner and they continue to be helped through their recurrent crises together with co-operation with other social workers. These girls are unlikely to be rehabilitated, but good relationships with the Almoner and the clinic staff encourage them to maintain their attendance.

It is interesting to see that the social report from the venereal diseases clinic for 1948 presents exactly the same problem as we find today with the question of contact tracing and the Almoner's comments at that time are still appropriate. "There is still a big discrepancy between the figures for gonorrhoea for men and women. This has been the case for the last three years and was referred to in my report last year. I consider the main reasons for this are as follows:—

- (1) Of the men seen a large number state that they do not know who the girl is as she was a casual pick-up, often after they had had too much to drink, and their recollections of the episode is hazy.
- (2) Owing to the fact that the symptoms are often very slight in a woman, a woman suffering from gonorrhoea often does not attend of her own accord for treatment, and remains untreated and a danger to future contacts."

This suggests that although certain social factors may cause a deviation in the pattern over the years, for the most part the problem remains the same, being fundamentally one of human behaviour.

Where it is possible for a man to identify his contact, then the follow-up work is done in the usual way; letters are written either to the contact or to the appropriate Medical Officer of Health.

Follow-up of defaulters also continues in the same way; they are followed up by letter, or by a visit when the doctors feel this is appropriate. For the most part they respond to letters and this is why it has not been

necessary, apart from a few instances, to call in the health visitors this year.

As has been mentioned the Almoner sees male patients when appropriate and all female patients. When the Almoner considers seeing the patients who are attending the venereal diseases clinic there are a number of things which she must take into account when considering their needs. The presenting problem is often their anxiety and feelings of guilt or shame about their attendance, but the time with the patient can be used to discuss the situation or background problem which has resulted in the person attending this particular clinic. It is of interest that almost without exception every single girl who attends this clinic has come from a broken home; although this can only be considered as a contributory factor causing her to attend the clinic, it is a very significant one. There will also be a need to encourage the patient to maintain a good relationship with the Almoner and the clinic staff, so that he, or she continues to attend until treatment is completed.

The general pattern of the clinic work continues in the same way as reference to earlier reports will show. There have been no changes in the clinic staff over the year. The Almoner has co-operated with other social workers where this has been appropriate. In thinking particularly of this year, several things stand out which may be commented on. The rise in the male figures which has been referred to earlier, and although it has been shown that the contacts are not necessarily to be found in the Oxford region, the figures are of significance as regards the social structure in general. Of particular interest this year has been the Street Offences Act 1959, and the effect which this has had on the "hard core" of young girls attending from this region, the Act had an immediate effect of making a number of the girls come to the Almoner in the hope of finding employment. This was simply a panic reaction and it did not have any lasting effect. The Act, according to the girls, caused the expected clashes with authority and brought considerable comment from them but their attendances and their attitudes have remained the same, demonstrating that their problems are fundamentally ones which are not automatically removed as a law is amended. These comments refer only to the known promiscuous offenders and it is perhaps too early to see how the Act has affected those on the fringe.

The other noticeable deviation from the pattern of the clinic this year is that there have been an increased attendance of coloured people among the men patients. This problem was referred to last year and has increased this year. During the last six months of 1959 the percentage of coloured men was 25% of the total of new attendances. As mentioned last year these men are among the more isolated members of the community and are less likely to have the opportunity of making good lasting relationships. Again it is interesting to note that in the Almoner's report for 1949 she referred to a similar problem when she discussed the rising

number of foreigners attending the male clinic. At that time they were Poles and Yugoslavs, living in camps, and she commented that they were strangers in a strange land with often few home comforts, and no home life or normal family companionships. It is not easy at the moment to say how this particular problem will resolve itself because it is too early to speculate on the assimilation of these people into our community.

Table showing the incidence of new cases of Venereal Disease in City Residents from 1940—1959

	MALES		FEMALES	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
1940	30	69	24	14
1941	33	56	33	27
1942	23	34	26	22
1943	22	24	28	34
1944	11	28	15	30
1945	11	24	12	17
1946	23	57	19	15
1947	14	26	25	10
1948	7	36	12	7
1949	8	17	9	2
1950	14	9	9	6
1951	8	10	6	3
1952	7	25	5	8
1953	8	16	3	13
1954	6	21	7	13
1955	6	27	4	25
1956	6	32	8	17
1957	7	38	2	12
1958	7	62	7	6
1959	5	70	1	16

As in other years total attendances at the clinic reflect specific problems of our community, but above all else show that it is people who have personal problems resulting in earlier life experiences who are most likely to have the particular social breakdown which result in their attending a venereal diseases clinic."

(e) VACCINATION AND IMMUNISATION

1. Vaccination against smallpox

Table showing successful vaccinations performed during the year:—

Age at date of vaccination	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
Number vaccinated (primary)	994	42	14	4	64	1118
Number re-vaccinated	—	1	25	67	794	887

Of the vaccinations carried out during the year, 227 primary vaccinations and 681 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946.

Ten weeks is regarded as the best age for primary vaccination. This enables triple antigen to be started at 3—4 months.

During the year two attempts at vaccination were made on six children without success.

Proportion of babies vaccinated

The number of Oxford babies vaccinated during 1959 while still under one year of age (994) expressed as a percentage of the number of live births registered in the last half of 1958 and the first half of 1959 (Oxford residents) was 68%.

Corresponding figures for the last ten years are as follows:—

1950	45%
1951	51%
1952	57%
1953	58%
1954	62%
1955	62%
1956	61%
1957	66%
1958	63%
1959	68%

This relatively high rate is largely the result of the ease with which mothers can have their babies vaccinated at any session of all the child welfare clinics; 80% of all the primary vaccinations were carried out in this way. Among those performed in the first year the proportion is still higher. The local acceptance rate of 68% is well above the national figure of 44.5% for 1958 (the latest year for which the figure is available).

No serious reactions or complications occurred during the year.

2. Immunisation against diphtheria and pertussis

The following table shows the number of primary immunisations completed and the number of re-inforcing injections given during 1959:—

	Age at date of final injection (as regards A) or of reinforcing injection (as regards B)						Total
	Under 1 yr.	1 year	2 years	3 years	4 years	5-9 years	
A. Number of children who completed a full course of primary immunisation							
(i) Triple antigen ..	1132	83	17	5	9	4	1250
(ii) Combined diphtheria-tetanus prophylactic ..	6	4	3	3	15	199	230
Totals	1138	87	20	8	24	203	1480
B. Number of children who were given a reinforcing injection:							
(i) Triple antigen ..	—	2	3	18	49	201	273
(ii) T.A.F. or combined diphtheria-tetanus	—	—	14	112	221	743	1090
Totals	—	2	17	130	270	944	1363

Comments

(1) General practitioners gave 204 of the 1480 primary courses (i.e. 17%) and 19 of the 1,363 re-inforcing injections (i.e. 1%). All the other injections were given by the staff of the Health Department. This is an indication of the advantage taken by parents of the facility with which the former procedure is available at all child welfare clinic sessions and the latter in relation to routine school medical inspections.

(2) Children receiving a full course of immunisation against diphtheria numbered 1,480 compared with 1,229 in 1958. Those receiving a full course of vaccination against pertussis numbered 1,250 compared with 1,193 in 1958.

(3) The exact proportion of babies immunised against diphtheria is difficult to estimate accurately. But there is a strong indication that the rate remains satisfactory. The health visitors have studied the records of children born in 1957 and still on their visiting list at the end of 1959. There were 1,133 such children, of whom 938 had been immunised. This gives a figure of 83%. Comparable figures for the last eight years are as follows:—

1952	76%
1953	71%
1954	75%
1955	76%
1956	77%
1957	80%
1958	82%
1959	83%

(4) Triple antigen was again used throughout the year for primary immunisation of babies, preferably beginning at 3—4 months. No serious reactions occurred in babies; nor were any courses incomplete on account of unpleasant reactions.

(5) Early in the year the reaction rate in school entrants receiving a booster dose of triple antigen increased to a level which could not be justified by any medical advantage associated with the use of this material. The use of triple antigen for children of this age has therefore been abandoned and, instead, a single dose of T.A.F. is now given as a booster against diphtheria. As an alternative, diphtheria-tetanus toxoid is given as a booster to children who have had triple antigen in infancy and it is likely that this will be the main material used in the future.

(6) The exact proportion of babies protected against pertussis is not known; but with the general use of triple antigen in the City it must be about the same as the figure for diphtheria immunisation—i.e. 83%.

(7) Estimations, based on notification figures, of the protection conferred by pertussis immunisation are notoriously unreliable. But if some 83% of babies are immunised, and if only the notified cases are considered the figures in the table given below indicate a considerable degree of protection. During the past three years there have been 29 notified cases in the first year of life, none of them in immunised children. Cases notified in 1959 were as follows:—

	Under 1 year	1 year	2 years	3 years	4 years	5—9 years	Total
Total notifications	3	3	1	3	2	20	32
Notifications in immunised children	—	1	—	3	1	1	6

Details of the notified cases in immunised children are as follows:—

Age of child at onset	Antigen used	Interval between last injection and onset	Severity (as classified in M.R.C. field trials)
1 year 10 months	Triple antigen	1 year 4 months	Moderate
3 years 1 month	Triple antigen	2 years 3 months	Mild
3 years 5 months	Triple antigen	3 years 1 month	Moderate
3 years 10 months	Plain pertussis vaccine	3 years 3 months	Mild
4 years 10 months	Plain pertussis vaccine	4 years	Mild
5 years 9 months	Plain pertussis vaccine	4 years 8 months	Mild

3. Vaccination against poliomyelitis

Following an extension of the scheme in September, 1958, by the offer of vaccination to all persons up to 26 years of age, and by the inclusion of the third of booster doses, the poliomyelitis vaccination programme continued throughout 1959 on an increased scale. At first the response from those aged 15—26 years was slow and in an effort to overcome this, local publicity measures were intensified and additional evening

sessions were held at eight centres in the City during March and April. Altogether some eight hundred business establishments including shops and offices, were circularised; notices appeared in the local papers; personal contact was made with many of the larger firms, and sessions were arranged at places of work, schools and colleges. The increased demand for vaccination which followed these measures received a further stimulus in April after the death of the well-known Birmingham footballer from poliomyelitis. By the end of the year approximately 8,370 young people completed two injections and 7,583 received a third injection.

The response by parents of children under 15 years continued to give satisfaction: a total of 15,246 children received a third injection and 3,169 children, not already vaccinated, completed a primary course of two injections. By the end of June, the acceptance rate in children born since 1943 was estimated at 94% as compared with the national figure of 75.4%.

Of the total of 47,840 injections given during 1959, very few local or general reactions occurred and of those reported all were of a minor nature.

The following table shows the number of persons vaccinated in each group, from the inception of the poliomyelitis vaccination scheme in May 1956 until 31st December 1959.

Year	Groups eligible	Number completing 3 injections	Number completing 2 injections	Number completing 1 injection	Number registered and awaiting vaccination
1956	Children born 1947—1954	—	174	3	1,550
1957	<i>a.</i> Children born 1947—1956 <i>b.</i> General practitioners and families <i>c.</i> Ambulance staff and families <i>d.</i> Expectant mothers <i>e.</i> Hospital staff at special risk	—	1,511	125	4,869
1958	<i>a.</i> Children born 1943—1958 <i>b.</i> Young persons born 1933—1942 <i>c.</i> General practitioners and families <i>d.</i> Ambulance staff and families <i>e.</i> Expectant mothers <i>f.</i> Hospital staff and families	1,571	23,233	1,543	240
1959	<i>a.</i> Children born 1943—1959 <i>b.</i> Young persons born 1933—1942 <i>c.</i> General practitioners and families <i>d.</i> Ambulance staff and families <i>e.</i> Expectant mothers <i>f.</i> Hospital staff and families	25,670	14,421	146	—

4. Inoculation of travellers

During the year persons travelling abroad were given inoculations by the staff of the Health Department as follows:—

	<i>Primary immunisation</i>	<i>Re- immunisation</i>
T.A.B.	18	20
T.A.B. and anti-cholera combined ..	9	21
Anti-cholera	16	13
Anti-typhus	3	—
Tetanus toxoid	7	10

(f) RINGWORM, SCABIES AND PEDICULOSIS

Ringworm of the Scalp

For the fourth successive year no case was discovered. It is of interest to compare this admirable state of affairs with that existing a decade ago. In the four years from 1946 to 1949 the number of cases treated were, respectively, 91, 57, 55 and 36.

Scabies

This is another condition showing a welcome decline during the past decade.

	<i>Total number of school children treated</i>	<i>Total number of families treated</i>
1949	54	Figures not
1951	6	available
1953	31	15
1955	22	12
1957	7	5
1959	6	3

Pediculosis

During the year 15,186 personal hygiene inspections were carried out by the school health visitors and out of 8,144 children inspected, 106 were found to have lice or nits in the hair. This represents an incidence of 1.29% compared with 2.31% in 1958 and 2.58% in 1957. Once again special efforts have been made with regard to certain schools which provide an unduly high proportion of cases, frequent re-inspections being carried out. Every effort is made to detect and eradicate infestation in family contacts, but it is notoriously difficult to elicit the co-operation of some members, particularly elder sisters who have left school and who may well provide a reservoir of infection.

SECTION V

MATERNITY AND CHILD WELFARE

REPORT BY DR. MARY FISHER,
B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H.

Senior Assistant Medical Officer for Maternity and Child Welfare

A. MATERNITY

(including domiciliary midwifery)

I. Midwives practising in the Area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(a) Domiciliary midwives employed by the Local Health Authority	7
(b) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals	48

55

II. The Domiciliary Midwifery Service

1. General arrangements

All the domiciliary midwifery is carried out by full-time midwives employed by the City Council. The midwives had an undesirably heavy case-load in 1958, and it became clear during 1959 that the work was increasing still further. Accordingly a seventh midwife was appointed and took up her duties on November 1st.

Transport and housing are of great importance in the provision of an efficient domiciliary midwifery service. Car allowances on the essential user basis have been available for the Supervisor and all the midwives for many years. But the purchase of a car by a newly appointed midwife (particularly if she has come straight from hospital) has proved a heavy financial burden, despite the existence of an assisted car purchase scheme. The City Council therefore decided, during 1959, to give newly appointed midwives the choice of providing their own cars or having the sole use of a Corporation car. This seems a highly satisfactory solution to a problem which besets domiciliary midwives in many parts of the country.

The City Council has also taken full responsibility for providing domiciliary midwives with suitable accommodation if they require it. During 1959 two of the midwives shared a fully furnished Council flat and the others lived in their own homes or with friends.

2. Antenatal care for domiciliary cases

Every mother booked for domiciliary delivery by a City midwife also books a general practitioner under the Maternity Medical Service. Cases

for domiciliary delivery are carefully selected and antenatal care is carried out by both doctor and midwife in close co-operation. The number of special antenatal sessions held by general practitioners at their surgeries, and attended by a midwife or her pupil, has increased. At the end of the year 18 doctors were participating in 10 regular weekly sessions.

Every effort is made to ensure that the full range of routine antenatal blood tests is carried out in each case. Specimens may be collected at the pathological laboratory at the Radcliffe, but most mothers find it easier to attend one of the City antenatal clinics. The following figures show the increasing number of attendances for this purpose over the last 8 years:—

1952	134
1953	224
1954	271
1955	326
1956	352
1957	617
1958	1054
1959	1965

In addition the Supervisor of Midwives took samples at the mothers' home on 71 occasions during 1959 at the request of a general practitioner or midwife (compared with 98 occasions in 1958 and 44 in 1957).

The concerted effort to ensure that all mothers delivered at home have a high haemoglobin level at term has been maintained. To this end almost every mother has routine iron in pregnancy and the haemoglobin level is re-estimated at 34—36 weeks. The results of all blood tests in pregnancy are entered on the midwife's record which remains in the mother's keeping until she is delivered. Study of the records of the 615 City (plus 3 County) cases delivered in 1959 shows the following distribution of the late-pregnancy (all after 32 weeks) haemoglobin readings:—

<i>Hb</i>	<i>Number of cases</i>
61—70%	6
71—80%	125
81—90%	284
91—100%	163
101% or over	17
No record	24
	619

3. Maternity Medical Service bookings

The distribution of bookings (of mothers delivered at home) under

the Maternity Medical Service among doctors in practice in the City was as follows:—

30—39 cases	3 doctors
20—29 cases	5 doctors
10—19 cases	20 doctors
5—9 cases	15 doctors
1—4 cases	8 doctors

(This omits 1 case booked by a doctor whose practice is mainly outside the City boundary).

These figures apply only to City cases; thus they do not represent the total Maternity Medical Service bookings of these doctors.

4. Work of the individual midwives during the year

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives and by medical students.

A second table gives an analysis of all domiciliary deliveries carried out during 1959.

Table showing the work of the individual midwives during the year.

	Doctor present at delivery	Doctor not present at delivery	Mis-carriages	Total	Antenatal Visits	Nursing Visits	Postnatal Visits (i.e. after the 14th day)	Total visits
Midwife A. (East Oxford)	18	89	1	108	1739	2101	15	3855
Midwife B. (Headington)	20	68	2	90	1075	1789	17	2881
Midwife C. (Cowley)	16	87	—	103	1714	1991	20	3725
Midwife D. (South and West Oxford)	22	84	—	106	1449	2372	25	3846
Midwife E. (Summertown, Wolvercote and Northway)	25	77	—	102	1328	2038	17	3383
Midwife F. (North and Central Oxford)	16	88	—	104	1086	1851	38	2975
Midwife G. (Blackbird Leys)	3	6	—	9	100	186	—	286
	120*	499†	3	622	8491	12,328	132	20,951
Corresponding figures for 1958	114	436	2	552	7597	10,995	120	18,712
„ „ 1957	66	422	2	490	6752	9416	108	16,276

*This figure includes delivery of 1 County patient on Woodfarm Estate,

† This figure includes delivery of 3 County patients, 2 at Headington and 1 at Cowley

§ Appointed 1.11.59.

5. Analysis of domiciliary deliveries during 1959:—

	Doctor present at delivery		Doctor not present at delivery		Total
	Primiparae	Multiparae	Primiparae	Multiparae	
Total cases	46	73	85	411	615
Live births	45	73	85	411	614
Still-births	2	2	—	1	5
Twin deliveries	1	2	—	1	4
Death of baby at home ..	—	—	—	—	—
Forceps deliveries	2	—	—	—	2
Emergency obstetric service	4	3	2	6	15
Baby transferred to hospital by "premature baby flying squad"	2	—	2	1	5
Baby transferred to hospital other than by "flying squad"	—	—	1	1	2
Mother and baby transferred to hospital	1	—	1	—	2
Mother transferred to hospital after delivery	1	1	—	—	2
Anaesthesia and analgesia:—					
(a) Pethidine	35	41	69	170	315
(b) Gas-and-air	43	69	85	389	586
(c) Trilene	—	2	—	—	2
(d) Anaesthetics	1	1	—	—	2
Antenatal care:—					
(a) General practitioner and midwife	46	73	84	397	600
(b) Clinic and general practitioner	—	—	1	13	14
(c) None (emergencies) ..	—	—	—	1	1
Feeding at 14 days:—					
(a) Breast entirely	39	54	71	331	495
(b) Breast and bottle	1	6	1	41	49
(c) Bottle entirely	3	12	12	36	63
(d) Left Oxford on 5th day	—	—	—	1	1

(Deliveries of 4 County patients are not included in this table)

Comments on the work of the midwives and on the details of domiciliary deliveries.

1. The total deliveries increased during 1959 (619 compared with 550 in 1958). There was a corresponding increase of 894 antenatal visits and 1,333 nursing visits. This represents an excessive load of work for the midwives, but the appointment of another midwife towards the end of the year should afford much-needed relief.

2. Only 5 still-births and no neonatal deaths at home occurred in 619 deliveries.

3. Four pairs of twins were delivered at home. One of the mothers was kept at home at the wish of the family doctor, though twins had been diagnosed. The babies were large and did well. The other three pairs were undiagnosed in pregnancy.

4. Doctors were present at 24% of deliveries compared with 26% in 1958, 16% in 1957 and 13% in 1956.

5. The forceps rate was again very low, namely 0.3%.

6. It can be calculated from the figures that 80% of babies born at home were fully breast-fed at 14 days.

6. Patients booked for domiciliary delivery but transferred to hospital during labour

Despite thorough antenatal care and careful selection of mothers booked for delivery at home, it is inevitable that abnormalities will occasionally arise during labour. In Oxford, thanks to the unfailing co-operation of the hospitals, admission of emergency cases can always be arranged without delay.

During 1959 the admission of 28 mothers occurred during labour. Calculated as a percentage of mothers delivered at home plus those admitted in labour, this works out as 4.3% compared with 2.6% in 1958 and 4.0% in 1957.

The reasons for admission, together with the outcome for mother and baby were as follows:

<i>Abnormality</i>	<i>End result</i>		<i>No. of cases</i>
	<i>Mother</i>	<i>Baby</i>	
Delay in 1st stage	Forceps delivery	Survived	2
Delay in 2nd stage	Forceps delivery	Survived	5
Delay in 2nd stage	Normal delivery	Survived	2
Delay in 2nd stage	Ruptured uterus— hysterectomy	Stillborn*	1
Delay in 3rd stage	Normal delivery at home. Placenta delivered in hospital	Survived	1
Foetal distress	Normal delivery	Survived	1
High head at term	Caesarian section	Survived	1
High head at term	Forceps delivery	Survived	1

Breech presentation	Breech delivery	Survived	1
Breech presentation	Forceps delivery	Survived	1
Breech presentation	Vaginal delivery		
	after drainage	Stillborn—	
	of cerebro spinal	hydrocephalic*	1
	fluid		
Brow presentation	Caesarian section	Survived	1
Cord presentation	Caesarian section	Survived	1
Shoulder presentation	Breech delivery	Survived	1
Suspected prematurity	Normal delivery	Survived	1
Premature labour	Normal delivery	Died with	
		a few hours*	2
Antepartum haemorrhage	Normal delivery	Stillborn*	1
and premature labour			
Antepartum haemorrhage	Normal delivery	Survived	1
Antepartum haemorrhage	Caesarian section	Survived	1
Prolapsed cord	Breech delivery	Stillborn—	
		anencephalic*	1
Pyrexia and foetal distress	Normal delivery	Survived	1

—

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* These 6 cases, involving perinatal deaths, are discussed in paragraph 9.

7. Administration of pethidine

Pethidine was given in 239 cases in which the midwife was acting on her own responsibility (i.e. 48%). There has not been much variation in the proportion of mothers receiving pethidine in the past 8 years.

8. Gas and air analgesia

Gas and air is made readily available to every mother who wishes to have it. Instruction in its use is always given in the antenatal period unless the mother is already familiar with and confident in it.

During the year 95% of mothers received it. The local figure remains well above the national figure for inhalational analgesia. (The latter reached the record figure of 80% in 1958, the latest year for which it is available). In the 27 cases in which it was not given investigation showed the reason to be as follows:—

Born before arrival of midwife	..	..	..	10
Rapid delivery, no time	..	..	..	10
Refused	..	..	..	7

—

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The administration of gas and air, together with pethidine and other sedatives as required, has proved so satisfactory that it has not been considered necessary to equip the midwives with trilene.

9. Perinatal deaths in connection with domiciliary midwifery

Every stillbirth and neonatal death in the first week of life is fully investigated in order to see if any lessons can be learned from it. To give a complete picture it is necessary to include three categories:—

- (1) Deaths at home (5 stillbirths).
- (2) Deaths of babies born to mothers admitted to hospital as emergencies in labour (4 stillbirths and 2 deaths).
- (3) Deaths of babies admitted to hospital after delivery at home (3 deaths).

There were thus 14 perinatal deaths associated with the domiciliary service, giving an overall rate of 22.5 per 1.000 total births.

Details of these 14 deaths with notes as to their possible avoidability are as follows:—

(1) Deaths at home

A. Stillbirths.

(1) *Mother aged 34.* Second baby. First pregnancy and delivery normal. Regular antenatal care by doctor and midwife; normal pregnancy. Severe accidental antepartum haemorrhage; flying squad; baby stillborn.

Comment. Unavoidable.

(2) *Mother aged 30.* First baby. Regular antenatal care by doctor and midwife; normal pregnancy. Intrapartum haemorrhage; flying squad; forceps delivery; nasal oxygen given in vain.

Comment. Unavoidable.

(3) *Mother aged 37.* Fifth baby. Previous pregnancies and deliveries normal. Regular antenatal care by doctor and midwife; normal pregnancy. Precipitate labour. Baby stillborn; intragastric oxygen given in vain.

Comment. Unavoidable.

(4) *Mother aged 21.* First pregnancy. Regular antenatal care by doctor and midwife; normal pregnancy, but thought to be ahead of dates. Premature labour at 35 weeks—undiagnosed twins. First baby survived, second stillborn—intragastric oxygen given in vain. Death due to intra-uterine anoxia.

Comment. Even if twins had been diagnosed and mother delivered in hospital it is doubtful if outcome would have been different. Probably unavoidable.

(5) *Mother aged 33.* Ninth baby; all other pregnancies and deliveries normal, but babies tending to be overdue. Regular antenatal care by doctor and midwife; normal pregnancy. Medical induction for post-maturity, but labour did not begin for another 8 days. Very rapid labour 26 days after expected date of delivery; baby stillborn. Attempts to

resuscitate with intragastric oxygen failed. Postmortem showed death from asphyxia in a postmature foetus.

Comment. It is possible that this baby might have been saved by more vigorous steps to induce labour at an earlier date.

B. No neonatal deaths occurred at home during the year.

(2) Deaths of babies born to mothers admitted to hospital as emergencies in labour.

A. Stillbirths.

(1) *Mother aged 28.* Eighth baby. Previous pregnancies and deliveries normal except for one stillbirth at 7 months due to placenta praevia. Regular antenatal care by doctor and midwife. Normal pregnancy. Admitted to hospital for prolapsed cord. Stillborn baby—anencephaly and spina bifida.

Comment. Unavoidable.

(2) *Mother aged 34.* Seventh pregnancy. Bad obstetric history. Strongly urged to book for hospital delivery but refused. Premature labour; breech presentation, obstruction; admitted to hospital. Breech extraction of grossly hydrocephalic stillborn foetus after tapping of cerebro spinal fluid.

Comment. Death of baby unavoidable. (But mother ran great risk owing to failure to take medical advice. Fortunately she survived unharmed as a result of immediate availability of skilled obstetric help).

(3) *Mother aged 36.* Sixth baby. Previous pregnancies and deliveries normal. Regular antenatal care by doctor and midwife; normal pregnancy. Doctor and midwife both present during labour. Admitted to hospital for delay in second stage of labour. Condition rapidly deteriorated rupture of uterus and death of foetus diagnosed. Emergency hysterectomy performed when patient in extremely poor state. Good recovery.

Comment. It is the obstetrician's opinion that this was an avoidable foetal death because the patient should have been booked for hospital delivery on account of her age and parity. The mother owes her recovery to immediate skilled intervention.

(4) *Mother aged 21.* Second baby. First pregnancy and delivery normal. Antenatal care by doctor and midwife. Normal pregnancy till antepartum haemorrhage occurred at about 35 weeks. Admitted to hospital; macerated stillborn premature foetus delivered.

Comment. Unavoidable.

B. Neonatal deaths.

(1) *Mother aged 21.* Second baby. First pregnancy and delivery normal. Regular antenatal care by doctor and midwife; normal pregnancy. Admitted to hospital for very premature onset of labour (31

weeks). Baby died after $1\frac{1}{2}$ hours of prematurity and intrauterine asphyxia. Birth weight 3 lb. $13\frac{3}{4}$ oz.

Comment. Unavoidable.

(2) *Mother aged 24.* Fifth pregnancy. One previous miscarriage and three premature babies, two of whom survived. Antenatal care by doctor and midwife. Onset of labour at 27 weeks—admitted to hospital as emergency. Baby died of prematurity.

Comment. In the absence of knowledge of the reason for this mother's strong tendency to premature births, and thus of means of preventing them, it is difficult to see how the death could have been prevented.

(3) Deaths of babies admitted to hospital after delivery at home

(1) *Mother aged 28.* Fifth baby. Previous pregnancies and deliveries normal. Regular antenatal care by doctor and midwife; normal pregnancy. Normal labour about three weeks before expected date. Baby very small (3 lb. 12 ox.)—transferred to Nuffield Maternity Home by premature baby flying squad. Died aged 2 days of pneumonia and prematurity.

Comment. Unavoidable.

(2) *Mother aged 34.* Third baby. Previous pregnancies and deliveries normal. Regular antenatal care by doctor and midwife; normal pregnancy. Normal delivery. Condition of baby unsatisfactory—cyanotic attacks. Admitted to hospital; died aged 3 days of congenital heart lesion.

Comment. Unavoidable.

(3) *Mother aged 37.* Eleventh pregnancy. Bad obstetric history; mother hypertensive and unsuitable for delivery at home. Sought no antenatal care—delivered at home.; midwife called after delivery. Baby possibly about two months premature, though birth weight 6 lbs. Mother refused doctor's advice to let baby go into hospital, until condition had deteriorated on 3rd day. Died next day of prematurity and atelectasis.

Comment. Baby might have survived if mother had been delivered in hospital or even if she had allowed baby's admission sooner.

Summary and conclusions in relation to perinatal deaths

It appears that of the 14 deaths 9 were unavoidable in the present state of medical knowledge. In 1 case the death was avoidable and in the remaining 4 there is an element of doubt.

10. Emergency obstetric service

This life-saving service was called out to patients attended by domiciliary midwives on 20 occasions in 1959. All the mothers made a good recovery.

Details of the cases are as follows:—

Postpartum haemorrhage	..	..	..	..	..	4
Postpartum haemorrhage and retained placenta	..	..				6
Secondary postpartum haemorrhage	..	..	..	..		1
Retained placenta	..	..	..	..	..	2
Accidental antepartum haemorrhage	..	..	..	..		1
Haemorrhage from vaginal tear	..	..	..	..	..	1
Abortion with haemorrhage and retained placenta	..	..				1
Intrapartum haemorrhage	..	..	..	..	..	1
Intrapartum eclamptic fit	..	..	..	..	..	1
Postpartum hypertension and headache	..	..	..	..		1
Antepartum haemorrhage, prematurity, anaemia	..	..				1
						—
						20
						==

This is a high figure; excluding the abortion and the last case (where delivery took place in hospital) there were 18 calls in 619 deliveries.

It does not appear, from scrutiny of the records of these cases, that there was any instance in which the complication was avoidable. It was, however, foreseeable in one case. This was a patient who had a history of previous blood transfusions for retained placenta and postpartum haemorrhage. She was strongly advised to be delivered in hospital by both doctor and midwife but she refused. The same complication occurred; her doctor was in attendance and the emergency obstetric service was called. Mother and baby both did well.

11. Resuscitation of the newborn by "Sparklet" oxygen apparatus

Every midwife is provided with a portable "Sparklet" apparatus for the administration of oxygen by the intragastric or nasal route, or by mask. Medical opinion is divided on the value of intragastric oxygen, but experience of its use has led all our midwives to be glad that they have it available.

The apparatus was used on 13 occasions in 1959. In three of these cases there was severe asphyxia, and administration of the oxygen by the intragastric route appeared to those present to be either life-saving or to be an important factor in the baby's recovery. Details of these cases are as follows:—

Case 1. Normal full-time delivery. Severe white asphyxia with no obvious cause. Intragastric oxygen administered continuously for 45 minutes, during which time baby only gave intermittent gasps. Respiration established after 45 minutes. Baby admitted to premature baby unit. Signs of severe cerebral irritation for first few days. Improved and discharged home. Unfortunately there are now indications that permanent cerebral damage may have been sustained.

Case 2. Normal delivery. Severe white asphyxia. Intragastric oxygen administered. First gasp 5 minutes after birth; respiration established 25 minutes after birth. Subsequent progress uninterrupted. Physical and mental development normal 5 months later.

Case 3. Normal delivery. Baby breathed and cried at once, but after 5 minutes colour became poor and respirations grunting. Improved with mucous extraction, but deteriorated after another 25 minutes. Nasal oxygen given with improvement; but again deteriorated, so intragastric oxygen started. Slight improvement; baby admitted to hospital by "premature baby flying squad" in oxygen tent. After admission was found to have spontaneous pneumothorax. Treated with sedation and antibiotics. Subsequent progress satisfactory.

In 4 further cases the oxygen was given by mask and in 2 others by the nasal route. These babies all survived and it is impossible to estimate the contribution made by the oxygen.

In the remaining 4 cases the babies were stillborn—the oxygen being given as a forlorn hope.

12. Notifications by midwives to the Local Supervising Authority

Despite the close partnership between doctor and midwife in the care of mothers delivered at home, the midwife is still obliged by the rules of the Central Midwives' Board to fill in a "medical aid form" when she needs the help of a doctor in cases where he is not present at delivery.

This occurred on 265 occasions during the year. The reasons were as follows:—

(a) *Mother.*

(i) *During pregnancy.*

Albuminuria	..	..	..	..	..	..	..	1
Antepartum haemorrhage			..	..	..	..	..	13
Early rupture of membranes			..	..	..	..	..	1
Glycosuria	..	..	..	..	..	..	..	1
Hypertension	..	..	..	..	..	..	..	3
Premature labour	..	..	..	..	..	..	..	5
Threatened abortion	..	..	..	..	..	..	..	5
								—
								29
								==

(ii) *In relation to labour and delivery.*

Delay in 1st stage	..	..	..	..	..	..	3
Delay in 2nd stage	..	..	..	..	..	..	8
Delay in 3rd stage	..	..	..	..	..	..	1
Eclamptic fit during labour	..	..	..	..	..	..	1
Episiotomy	..	..	..	..	..	..	1
Episiotomy for suturing	..	..	..	..	..	..	8

Foetal distress	6
Haemorrhage following abortion	1
High head	2
Abnormal presentation	3
Breech presentation	6
Cord presentation	1
Face presentation	2
Meconium-stained liquor	4
Intrapartum haemorrhage	4
Postpartum haemorrhage.. .. .	5
Secondary postpartum haemorrhage	2
Postpartum acute hypertension	1
Prematurity (in labour)	1
Retained placenta	4
Retained placenta with postpartum haemorrhage	4
Ruptured perineum	83
Shock	1
Stillbirth	1
Uterine inertia	1
	154

(iii) *Lying-in period* .

Pain in leg	1
Pyrexia	35
Secondary postpartum haemorrhage	4
	40

(b) *Baby.*

Bile-stained vomit and urine	1
Cyanotic attacks	2
Discharging eyes	18
Erb's paralysis	1
Inflamed fingers	1
Jaundiced baby	1
Poor colour	7
Prematurity	3
Refusing feeds	2
Septic hand	1
Slow to breathe and cry	3
Talipes—both feet	1
Vesicular rash and reluctant to feed	1
	42

Artificial feeding.

Total notifications received	..	..	..	..	..	500
Bottle in place of breast:—						
Institutions	..	..	..	..	..	174
Domiciliary midwives	..	..	..	..	..	63
Bottle in addition to breast:—						
Institutions	..	..	..	..	..	212
Domiciliary midwives	..	..	..	..	..	51

13. Care of mothers discharged from hospital during the puerperium

Mothers are discharged home to the care of the domiciliary midwife before the 10th day only in exceptional circumstances. During the year this occurred in 136 instances (compared with 118 in 1958 and 76 in 1957).

The reasons were as follows:—

Originally booked by midwife but admitted to hospital for delivery	..	..	..	..	..	..	41
Originally booked by midwife but admitted to hospital during labour	..	..	..	..	..	..	22
To relieve pressure on beds (usually 8th or 9th day)	..	..					44
Compassionate grounds (baby died or stillborn)	..	..					20
Mother discharged herself against medical advice	..	..					9
							136

14. Postnatal care for domiciliary cases

Every effort is made to persuade mothers to go to the doctor providing maternity medical service for a postnatal examination. If this has not been achieved by three months after delivery (the statutory limit for inclusion of the examination under the maternity medical service) an attempt is made to persuade the mother to come to an antenatal clinic.

With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary cases. At the end of March 1960 the position was as follows:—

Total deliveries	..	..	..	..	..	..	615
Postnatal examinations carried out	..	..	..	..			445
Postnatal examinations not carried out				..	..	..	57
Unknown	..	..	..	..	..	..	98
Left Oxford	..	..	..	..	..	..	15

Of the mothers in whom the result is known (albeit only according to their own statement) 89% had received a postnatal examination.

The relatively high figure for cases in which the position is “unknown” is a reflection of the shortage of health visitors in 1959 and in the early part of 1960.

15. Training school for midwives

Part II pupil midwives from the Churchill Hospital continued to receive their three months' training with the domiciliary midwives, six of whom are approved to act as teachers by the Central Midwives' Board. The pupils live in the hostel at 82/84 Abingdon Road, which is in the charge of the supervisor of midwives. In addition to their practical work on the district they attend child welfare clinics for instruction. During the year 33 pupils were admitted. The C.M.B. Part II examination was taken by 34 pupils, 32 of whom passed at the first attempt and 2 at the second attempt. Pupils attended 505 deliveries on the district (included in the table of deliveries attended by domiciliary midwives).

16. Training of medical students in domiciliary midwifery

Medical students from the Radcliffe attended 54 domiciliary deliveries during the year, compared with 49 in 1958 and 62 in 1957.

17. Postgraduate education of midwives

No member of the staff was due for the compulsory quinquennial postgraduate course during 1959.

Midwives and pupils attend lectures organized (roughly once a month) by the local branch of the Royal College of Midwives.

III. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and by the Churchill Hospital maternity department. Births during the past seven years have been distributed as follows:—

Registered births of Oxford residents occurring in Oxford

	1953	1954	1955	1956	1957	1958	1959
Hospital deliveries	895 (60%)	857 (61%)	860 (63%)	866 (63%)	924 (65%)	910 (63%)	928 (60%)
Private Nursing Home	89 (5%)	67 (5%)	73 (5%)	65 (5%)	22 (1%)*	—	—
deliveries							
Domiciliary deliveries	519 (35%)	475 (34%)	436 (32%)	436 (32%)	484 (34%)	535 (37%)	613 (40%)

* The only private maternity home closed during 1957

Both the actual number and the proportion of domiciliary births reached a higher figure in 1959 than in any year since 1947. The high figure in 1959 was not the result of any shortage of hospital beds for mothers requiring them on either medical or social grounds. Indeed it is most pleasing to record that the hospitals invariably find a bed for any patient who needs it, however late in pregnancy the request is made.

The number of visits paid by domiciliary midwives in order to assess the suitability of home conditions for a normal delivery was greater than

in any of the five preceding years, as shown by the following figures:—

1950	427
1951	320
1952	357
1953	274
1954	228
1955	208
1956	193
1957	248
1958	341
1959	356

The following table shows the source from which these patients were referred in 1959 and the result of the investigations:—

Source from which patient referred	Nuffield Maternity Home	Churchill Maternity Department	General practitioners	Total
	53	19	284	356
Recommended for hospital delivery	39	15	135	189
Home confinements arranged	13	4	146	163
Miscarried	—	—	2	2
Left district	1	—	1	2
	53	19	284	356

Home confinements were arranged in 46% of the cases compared with 45% in 1958 and 44% in 1957.

IV. Notifiable infectious diseases associated with Childbirth

(1) Ophthalmia neonatorum

During the year 14 cases were notified; all occurred in institutional confinements.

(2) Puerperal pyrexia

Of the 47 cases notified during the year, 3 occurred in domiciliary confinements.

(3) Pemphigus neonatorum

One case was notified during the year; this occurred in an institutional confinement.

V. City Antenatal Clinics

The steady fall in the attendances for full antenatal care at the City clinics continued. Attendances for this purpose numbered 308 compared with 420 in 1958 and 702 in 1957. The few mothers who attend usually do so for geographical reasons.

The clinics still perform a useful function, however, in making it easy

for mothers to have blood collected for the routine tests and to be vaccinated against poliomyelitis. As far as possible these two activities are combined at the same attendance. This avoids an extra journey for the mother and also reduces the chance that the poliomyelitis vaccination will be omitted. An effort is made to give a "pregnancy booster" injection of vaccine, even if a mother has had three previous injections.

A few County mothers from the "fringe areas" are included in the figures given below.

Both blood tests and poliomyelitis injections show a slight increase as compared with 1958.

The following table shows the attendances for antenatal care, the blood tests performed for general practitioners and the injections of poliomyelitis vaccine given during the year. It does not include 4 post-natal attendances.

Work done at City antenatal clinics, 1959

Clinic	Full antenatal care		Blood tests at request of of general practitioners	No. of poliomyelitis vaccine injections given
	First attendances	Re-attendances		
Headington	15	90	300	389
East Oxford	18	155	506	530
St. Aldate's	7	23	259	424
Totals	40	268	1065	1343

VI. Maternal deaths

No maternal death occurred during the year.

VII. Report of the Maternity Services (Cranbrook) Committee

This report has been studied with interest. Most of the recommendations, apart from those requiring further legislation, are already in operation in the Oxford area. Clinical reports of the domiciliary midwifery service are given each year in the Report of the Medical Officer of Health. (See preceding paragraphs in this section).

Pending the acceptance of a standard national co-operation card, the domiciliary midwifery record in use in the City serves its purpose very well.

VIII. Birth Control

This weekly clinic (established in 1935) for City patients needing contraceptive advice on medical grounds has continued to be held at the Radcliffe Infirmary on Monday evenings.

In 1959 there were 41 new patients and 344 re-attendances.

There is a close follow-up of all patients and where necessary supplies are sent to them by post.

In view of the unique nature of this clinic with regard to the com-

pleteness of the follow-up records, application was made to the Medical Research Council for a grant to cover the part-time employment of a doctor to analyse the results. This application was successful and the work is now in progress. It is hoped to publish the results in the medical press in due course.

At the end of 1959 there were 275 patients on the clinic register.

The medical indications of the new patients referred during the year were as follows:—

Poor health associated with frequent pregnancies	..	..	24
Mental illness in wife	..	..	6
Mental illness in husband	..	..	3
Recent toxæmia	..	..	1
Disseminated lupus erythematosus	..	..	1
Rhesus incompatibility	..	..	1
Rhesus incompatibility and rheumatic heart disease	..	..	1
Renal calculi	..	..	1
Diabetes	..	..	1
Recent laminectomy	..	..	1
Severe hæmorrhage in recent pregnancy	..	..	1
			—
			41
			==

B. CHILD WELFARE

I. Premature Babies

During 1959 there were 88 live births of premature babies weighing $5\frac{1}{2}$ lbs. and under and 12 stillbirths. These are notified births corrected for inward and outward transfers. (Corresponding figures for 1958 were 91 live births and 16 stillbirths). Their weights, place of birth and survival are shown in tabular form.

Comments

(i) The 88 live-born premature babies represent 5.7% of the 1551 notified live births to Oxford residents.

(ii) Of the total 23 notified stillbirths to Oxford residents, 12 were premature.

(iii) As the result of careful selection of cases for domiciliary delivery, together with emergency admission to hospital of a mother going into premature labour unexpectedly, only a small number of premature births take place at home. If admission of a premature baby after birth is indicated, the "Premature Baby Flying Squad" is available at the Nuffield Maternity Home to transport it. Premature babies remain in hospital until they are well established. It has thus been considered unnecessary to have a special nurse for looking after premature babies at home.

Reference to the table shows that of the 88 premature births occurring in 1959 only 18 took place at home. Of these 4 were admitted to hospital,

two of whom survived 28 days. The 14 nursed at home all survived 28 days. Of the whole group of 88 premature babies 70 (or 80%) survived 28 days.

(iv) For many years the Radcliffe paediatric department has held a follow-up clinic for potentially abnormal babies, including all premature babies. This work has become very heavy, so the Health Department was asked to take over the follow-up of the normal larger premature babies. This involves ensuring that the babies receive their extra dosage of vitamin supplements and their iron (throughout the first year of life), supervising their general progress, carrying out routine haemoglobin estimations and sending reports at the end of 1 and 2 years to the paediatric department. This work has been welcomed, as it is surely a part of preventive paediatrics. Detailed arrangements for this co-operative effort were in train at the end of 1959. Progress during 1960 will be reported next year.

II. Child Welfare Clinics

(a) Staff

Each clinic is staffed by a medical officer, one or two health visitors and a number of voluntary workers.

The medical staff is composed as follows:—

Full-time staff of the Health Department	14 sessions per week
Part-time staff of the Health Department (not in general practice)	7 sessions per week
General practitioner	1 session per week

(b) The attendances at clinics during the year are shown in tabular form. An attendance is recorded only if a child comes for advice, for weighing or to see the doctor. Thus attendances merely for obtaining National Welfare Foods are excluded.

The fact that clinics are appreciated is shown by the number of City children under 1 year who attended City Clinics for the first time during the year. These represent 92% of the registered live-births. Figures for the last five years are as follows:—

1955	91%
1956	89%
1957	87%
1958	91%
1959	92%

The attendances made by children under 1 year show an increase of 500 compared with 1958. Attendances in the other two age-groups dropped slightly. The number of sessions (excluding the general practice clinic) increased from 1073 in 1958 to 1133 in 1959.

Directly the occupation of houses on the new Blackbird Leys Estate began it was clear that there was a great need for a clinic on the estate. One of the houses was allocated to the Health Department for housing nursing staff and pending the building of a Health Centre a weekly clinic was held in its ground-floor rooms.

Attendances at Child Welfare Clinics.

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	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	Number of attendances made by children who at their first attendance were			Total attendances	Number of sessions	Average attendances
		1959	1958	1957-54		Under 1 yr	1 but under 2 yrs	2 but under 5 yrs			
Bury Knowle, Headington (2 clinics weekly)	196	165	155	216	536	2521	454	723	3698	104	35.55
Barton	62	47	60	139	246	919	315	226	1460	52	28.08
Cowley	73	70	103	189	362	1506	402	374	2282	98	23.29
East Oxford (2 clinics weekly)	188	170	141	100	411	2817	474	424	3715	98	37.90
New Hinksey	60	41	56	73	170	947	461	252	1660	52	31.92
St. Aldate's (2 clinics weekly)	122	119	91	151	361	1657	428	311	2396	98	24.45
Summertown	127	104	95	101	300	1544	250	117	1911	52	36.75
Slade Park (2 clinics weekly)	173	155	154	247	556	2391	397	497	3285	104	31.59
New Marston (2 clinics weekly until 25.6.59) ..	104	89	135	154	378	1688	410	214	2312	78	29.64
Wolvercote	47	39	33	41	113	763	206	79	1048	52	20.15
Donnington (2 clinics weekly)	110	103	104	191	398	1671	584	515	2770	104	26.63
G.F.S. Hall, Woodstock Road (2 clinics weekly) ..	140	120	120	180	420	1962	422	308	2692	98	27.47
North Way	51	49	53	108	210	950	179	116	1245	52	23.94
Rose Hill Community Centre	33	32	24	40	96	479	172	147	798	52	15.35
Blackbird Leys (opened 2.4.59)	44	44	72	182	298	650	176	346	1172	39	30.05
General practice clinic	1530	1347	1396	2112	4855	22,465	5330	4649	32,444	1133	28.64
	72	70	48	58	176	1017	134	69	1220	52	23.46

The following figures indicate the attendances made by children (included in the above table) who lived in the County and attended the New Marston, Slade Park, Barton and Wolvercote clinics

72	69	101	87	257	1116	182	105	1403
----	----	-----	----	-----	------	-----	-----	------

Most of the County children attended the Marston and Slade Park clinics. Oxfordshire County Council contributed on a proportional basis to the running expenses of the Marston clinic until their own clinic opened on 2.7.59, and to those of the Slade Park clinic for the whole year.

(c) Medical work at clinics

The medical officers at child welfare clinics continued to keep a record of their work. There were 1133 sessions at which a doctor was present and altogether children under 5 years were seen by a doctor on 18,908 occasions. In addition expectant and nursing mothers and children over 5 years were seen on 4,157 occasions, mainly for injections of poliomyelitis vaccine.

The following table gives a summary of the reasons for which they were seen by a doctor:—

Vaccination against smallpox (performance or follow-up)	2079	} 66%
Triple antigen injections	3381	
Other prophylactic injections	125	
Poliomyelitis vaccine injections—		
under 5 years	6264	}
over 5 years	3990	
Routine medical inspection—		
first	1384	} 14%
subsequent	1911	
Consultation in relation to a problem	3219	} 20%
Follow-up of medical inspection or consultation	1450	

(An individual consultation may figure in more than one category; for example a child may come for a routine birthday examination and be immunised at the same time).

The routine medical inspections brought to light a number of conditions not already receiving attention but requiring either treatment or further observation. They were classified as follows:—

	<i>First inspection</i> (usually in early weeks of life)	<i>Subsequent inspection</i> (usually at 1st, 2nd, 3rd and 4th birthday)
Nutritional and dietetic	177	61
Eyes.. .. .	61	17
Ear, nose and throat	17	37
Umbilical	92	5
Genital organs	31	47
Pallor	7	29
Orthopaedic	8	75
Skin	104	59
Miscellaneous	67	95
	564	425

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

	<i>Consultation</i>	<i>Follow-up of inspection or consultation</i>
Feeding problems and gastro-intestinal conditions (including failure to gain weight..	723	465
Mental and psychological	68	63
Eyes	191	104
Ears	138	13
Respiratory system	435	58
Mouth	118	37
Pallor	84	209
Sleep	139	62
Skin	583	77
Orthopaedic	124	206
Genital organs	88	64
Umbilicus	57	102
Prematurity	1	28
Trauma	87	7
Fitness for prophylactic procedure	271	8
Mother's health	156	33
Miscellaneous	191	60
	3454	1576

The following table shows the number of children who were referred elsewhere for treatment:—

Family doctor	86
*Orthopaedic department	2
*Eye hospital	12
*Other hospital departments	16
	140

*In these cases the family doctor is always informed of the referral and the consultant's findings.

Comments

It was a year of heavy work at the clinics. Individual children or adults were seen by a doctor on 23,065 occasions, compared with 19,097 in 1958 and 12,703 in 1957. Prophylactic procedures ranked very high (66%) among the "reasons for seeing the doctor". This large proportion is partly the result of giving poliomyelitis injections to mothers while they are at the clinics with their babies. This facility is greatly appreciated by the mothers, but it takes up time. It is important to ensure that this prophylactic work, important though it is, does not crowd out the routine

birthday examinations and the availability of the doctor for consultation about mothers' problems. Birthday examinations were 113 more than in 1958, but were still far below the desirable level.

More defects, not previously detected, were found in school entrants than in any recent year. Fortunately these defects were not serious, but a number required treatment and/or observation. There were 15 such cases altogether. Study of the pre-school records of these children shows a lack of regular birthday examinations (at which the defects should have been picked up) in 12 cases. In two further cases the individual circumstances made it impossible for the mother to bring the child for birthday examinations. In the one case in which all four birthday examinations had been carried out, the defect was a slight cardiac murmur, not requiring treatment or observation. It is possible that in this case the presence or absence of a murmur was a question of differing medical opinions.

Tuberculin jelly testing

Throughout the year routine jelly testing was carried out at each birthday examination (except in children who are known contacts of tuberculosis). Positive reactions were found in 0.13% of the children tested.

Figures from 1951 when routine testing was started are as follows:—

1951	0.54%
1952	0.32%
1953	0.45%
1954	0.54%
1955	0.10%
1956	0.12%
1957	0.12%
1958	0.06%
1959	0.13%

The following table shows the tests performed during the year:—

	Under 1 year	1 year	2 years	3 years	4 year	Total
Negative reaction ..	186	590	415	248	134	1573
Positive reaction ..	—	—	—	—	2	2
Totals	186	590	415	248	136	1575

Notes on positive reactors

Case 1. Child aged 4 years and 2 months. (Test had been negative at 1st, 2nd and 3rd birthdays). Positive jelly reaction confirmed by positive Heaf test. Family referred to Chest Clinic for investigation. X-rays showed calcified lesions in child's chest; she remains under observation. Unfortunately investigation of the family for a possible source of infection was incomplete. The parents and siblings were free from any signs of infection, but the grandparents on both sides refused

to be investigated. A curious finding was that a first cousin of the child had a positive jelly test but a negative 1/100 Mantoux.

Case 2. Child aged 4 years. (Test had been negative at 1st, 2nd and 3rd birthdays). Positive jelly reaction confirmed by positive 1/100 Mantoux. Child found to have large primary lung lesion requiring chemotherapy. Source of infection thought to be a known case of tuberculosis next door.

(In addition there was a 2-year old child who showed a positive jelly reaction. As the child was eczematous, some doubt was felt about the validity of the test. A 1/100 Mantoux was negative, so this must be classed as a false-positive jelly test).

Comments

Two positive confirmed reactions occurred during the year—one of the children needing treatment.

At the end of the year the question of the continuation of routine jelly testing was discussed. The fact that some value had resulted from the testing during the year, together with the fact that tuberculosis notifications had increased slightly, led to a decision to continue.

Loan of test-feeding scales

Accurate scales are loaned to mothers with breast-feeding problems for use at home at the request of general practitioner, clinic doctor, health visitor or midwife. This occurred on 138 occasions in 1959.

(d) Food and medicaments

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child welfare clinic session and at the voluntary Mothercraft Clinic.

The City Council is extremely fortunate in having the services of voluntary workers who carry out the exacting task of distributing these Foods, as well as performing many other important duties, at all the clinics.

The number of items of Welfare Foods distributed during the year (with 1958 figures for comparison) was as follows:—

	At Health Department		At Clinics		Total	
	1958	1959	1958	1959	1958	1959
Tins of National Dried Milk	17,078	14,413	23,141	24,109	40,219	38,522
Bottles of National Cod-liver Oil Compound...	1,841	1,682	5,489	5,433	7,330	7,115
Bottles of Concentrated Orange Juice ...	21,294	19,791	43,138	43,343	64,432	63,134
Packets of Vitamin and Mineral tablets ...	2,710	2,975	3,509	3,751	6,219	6,726
	42,923	38,861	75,277	76,636	118,200	115,497

(These figures do not include items issued to hospitals or other institutions.)

During the year 670 tins of National Dried Milk were issued free of charge in cases of financial hardship.

No proprietary dried milk or other food is stocked at the clinics, but a small range of minor medicaments is kept for issue to mothers when necessary. This includes a vitamin A and D concentrate (for babies under the age of two years who cannot take National Codliver Oil compound and who are not having a dried milk fortified with vitamin D), ascorbic acid tablets for premature babies, and two iron preparations for the prevention and treatment of nutritional anaemia.

(e) Teaching of medical students

Medical students from the Radcliffe Infirmary, during their six months' training in obstetrics and gynaecology, each attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. The visits are preceded by two lectures on infant feeding given by the Senior Assistant Medical Officer for Maternity and Child Welfare.

(f) Liaison with paediatric department

Any assistant medical officer may attend the post-graduate paediatric ward-round at the Radcliffe Infirmary on Saturday mornings. This provides a most valuable opportunity for keeping abreast with current paediatric practice.

(g) Liaison with the psychiatric services

Departmental medical officers and health visitors have attended the weekly lectures or case conferences held at the Warneford Hospital during the University terms. This liaison with the psychiatric service is of great value to the members of the department.

III. The early ascertainment of Handicapped Children

Since June 1954 the Senior Assistant Medical Officer for Maternity and Child Welfare has kept a register of potentially handicapped babies. Initial notification is provided by the health visitors and the progress and needs of each case are discussed at intervals by the Senior Assistant Medical Officer and the health visitors concerned. It is hoped that in this way the Department's contribution to providing support for the parents of these children can be ensured.

Information about these children is passed on to the School Health Service or to the Mental Welfare Section when it becomes clear that some special action will have to be taken. In this way it is hoped to ensure that no handicapped child reaches school age without previous assessment of his special needs.

During the year 25 new cases were registered. The nature of the handicap was as follows:—

Congenital absence of right hand and forearm	1
Congenital cataracts—both eyes	1
Congenital dislocation of hips	2
Congenital heart	2
Cretin	1
Deafness	4
Fibrocystic disease of pancreas	1
General retardation	5
Suspected hydrocephaly	1
Kyphoscoliosis	1
Meningo-myelocoele with hydrocephaly	1
Suspected mental retardation	1
Mongolism	1
Suspected mongolism	1
Muscular inco-ordination and imperfect sense of balance	1
Smaller left arm and hand, webbing of some fingers ..	1
	—
	25
	==

At the end of the year two of these children had died; the rest were all still at home receiving good care.

IV. Infant deaths in 1959

CAUSES OF DEATH	WEEKS				Total	MONTHS				Grand Total	Died in Institutions
	0-1	1-	2-	3-4		1-	3-	6-	9-12		
1. Prematurity (with or without asphyxia and atelectasis ..	13	—	—	—	13	—	—	—	—	13	13
2. Prematurity and congenital malformation	2	—	—	—	2	—	—	—	—	2	2
3. Prematurity and hydrops foetalis ..	1	—	—	—	1	—	—	—	—	1	1
4. Prematurity and birth injury ..	2	—	—	—	2	—	—	—	—	2	2
5. Prematurity and pneumonia ..	1	—	—	—	1	—	—	—	—	1	1
6. Accidental asphyxia	—	—	—	—	—	—	1	—	1	2	—
7. Aspiration pneumonia, inhalation of infected liquor, postmaturity ..	1	—	—	—	1	—	—	—	—	1	1
8. Pneumonia ..	—	—	—	—	—	1	—	—	—	1	1
5. Erythroblastosis ..	1	—	—	—	1	—	—	—	—	1	1
10. Congenital malformations ..	2	—	—	—	2	1	1	1	1	6	5
11. Inhalation of vomit due to otitis media	—	—	—	—	—	1	—	—	—	1	—
	23	—	—	—	23	3	2	1	2	31	27

Comments

The 31 deaths of infants under one year represents an infant mortality rate of 19.87, compared with the national rate of 22. The general pattern of the causes of death closely resembles that of the previous year, prematurity again ranking very high.

The deaths of two children aged 4 and 9 months (both living in excellent homes and previously healthy) ascribed to accidental suffocation caused concern. These so-called "cot-deaths" have been the subject of research in various places and it has often been found that the real cause of death was a fulminating respiratory infection. Both in the parents' interest and in the hope of shedding more light on the subject it seems desirable that postmortems should be carried out at special centres where the help of histology, bacteriology (and, it is hoped, eventually virology) can be invoked. With this end in view local arrangements have now been made for all cases of sudden death in infancy to be investigated in the Department of Morbid Anatomy at the Radcliffe Infirmary.

V. Nurseries

(a) Day nurseries

The two day nurseries continued to admit children under the age of 3 years who cannot be cared for adequately by their mothers owing to some special hardship.

Details of attendances and staffing during the year are given in the following table:—

	No. of places available at end of year	No. of admissions during year		No. on register at end of year		Average daily attendance		Number of staff at end of year
		Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	
Botley Road	30	26	12	15	13	12.89	6.44	4
Florence Park	30	27	12	12	16	15.41	7.20	4

Reasons for admissions of new children during 1959 were as follows:—

	Botley Road	Florence Park
Bad housing conditions	10	1
Doctor's recommendation	8	5
Illegitimate children	12	16
Illness of parent	5	7
Parents separated or mother widowed ..	3	10
	—	—
	38	39
	==	==

There were vacancies in both nurseries throughout most of the year,

but in comparison with 1958, there was an increase in the number of new children admitted, the number on the register at the end of the year and the average daily attendance. The new admissions in 1959 included 4 Oxfordshire children, 2 at each of the nurseries. In these cases the County authority is responsible for the payment of the full cost.

The decision to admit a child is the responsibility of one of the senior assistant medical officers, who investigates the case fully and sanctions admissions only if it is considered to be in the best interests of the child.

The maximum charge of a child's maintenance at the nursery was 11/6 per day. Parents are assessed according to income subject to a minimum charge of 1/- per day.

The following table shows the assessments for City children on the register at 31st December, 1959.

<i>Assessed to pay</i>			<i>Botley Road</i>	<i>Florence Park</i>
11/6 per day (maximum)	..	..	5	2
10/- to 5/- per day	..	..	5	3
4/9 to 2/6 per day	..	..	3	5
2/4 to 1/1 per day	..	..	4	7
1/- per day (minimum)	..	..	9	9
			—	—
			26	26
Children from other Authorities	..	..	2	2
			—	—
			28	28
			==	==

Both nurseries provide training facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

No students were sponsored by the Health Department during 1959.

(b) Nurseries and Child Minders Regulation Act 1948

Details of registration under the Act are shown in the following table:—

	Number registered at 31.12.59	Number of children pro- vided for
Premises	5	126
Daily Minders	2	24

Regular visits are paid to these premises and child minders by the Superintendent Health Visitor.

(c) Red Cross Creche

The creche, staffed by the British Red Cross Society, continued to operate at the Alexandra Court clinic. During the year 36 sessions were

held; thirty-three children were on the books and the average attendance was 18.

VI. Care of Illegitimate Children

There were 115 registered illegitimate live-births to Oxford residents in 1959. This represents 7.4% of all live-births, compared with 8.2% in 1958 and 7.7% in 1957.

Two important special services are provided by the City Council to help these babies and their mothers.

(1) Mother and baby hostel

Mothers are admitted at the request of various social workers when the need arises, either in pregnancy or when the baby is born. They stay until they have had an opportunity, with the help of the social worker concerned, to work out at leisure the most promising plan for the baby's future care. In the meantime they can go out to work when fit to do so. There is a happy arrangement whereby some of them perform daily domestic work at the nearby Pupil Midwives Hostel, taking their babies with them.

When vacancies occurred at the hostel cases were admitted from Oxfordshire County Council, who were responsible for the full cost of maintenance. (Seven such cases were admitted in 1959.) In addition three homeless married women with babies were admitted.

There is an annexe, consisting of a single room and toilet facilities. This is intended for overnight emergency accommodation for a homeless woman with or without a baby. The single night, however, sometimes extends to several nights or even weeks. There were seven admissions to the annexe during the year.

Admissions and discharges during the year (excluding the annexe) were as follows:—

	<i>Admissions</i>	<i>Discharges</i>
Mothers	36	33
Babies	31	29

The average length of stay was as follows:—

Antenatal	6½ weeks
Postnatal	8 weeks

The disposal of the 25 City mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, resident post, marriage, etc.) ..	13
Mother to lodgings, baby to foster home	3
Mother to own home, baby to adopters	4
Mother to lodgings, baby to adopters	2
Mother to hospital to complete training, baby to residential nursery ..	1
Mother to hospital to complete training, baby to foster home ..	1
Mother to resident post, baby taken into care by Children's Department	1

This record of disposal follows a fairly consistent pattern from year to year, in that about half the mothers are discharged with their babies.

(2) Provision of special social worker

The City Council pays an annual grant to the Oxford City Moral Welfare Association (£400 in 1959) for the services of their moral welfare worker, who works in close co-operation with the Health Department and attends the monthly meetings of the House Committee which administers the hostel. We are grateful for the following report submitted by the worker, Miss C. C. Holman, for 1959:—

“During this year 94 new cases were referred for help. Eighty-three were maternity cases, 6 preventive and 5 family problems. Of those cases referred in previous years 91 were still being helped in 1959. Of these 86 were maternity, 3 preventive and 2 family problems.

Referring first to the 83 new maternity cases, these represented an age range between 14 and 38 years, the majority being between 17 and 22 years of age. Seventy-seven were single, 5 married and one a widow.

A wide range of educational and family background was shown and the same is true of employment. Twenty girls were employed in office work, 13 in domestic work, 6 in factories, 6 in catering and 6 in nursing. Others were employed as receptionists, telephonists, cashiers, hairdressers and in public transport. Three were students and two schoolgirls. Eight were unemployed, and this may describe a girl living at home and caring for a family or a girl living by prostitution or a young woman cohabiting with and supported by one man.

The man alleged to be the father of the child was named by 60 girls and in 33 of these cases I was able to make contact with him. Seventeen of these men voluntarily entered into agreements to give financial help and payments were administered through this office. Affiliation orders were obtained against five others. (Affiliation orders were also made in respect of several cases referred in 1958). In four cases negotiations were still under way at the end of 1959. In five cases the man denied paternity and there was insufficient evidence to apply for an affiliation order. In two others the man had no resources from which to pay.

Apart from these there were eight others in which the man was giving financial help directly to the girl, who did not wish me to contact him. Seven girls did not wish to make a claim upon the man at all. In four cases the man was living abroad and in four his address could not be discovered. Five girls eventually married the man concerned. Three cases were taken over by moral welfare workers elsewhere.

Of the 83 new cases, 48 had their homes in the City, and in almost all these I was able to get to know the girls' parents. In a small proportion of the others the parents came to see me in Oxford. Twenty-one girls were admitted to the City Mother and Baby Hostel and 14 to voluntary Homes elsewhere. Grant help was needed for only one of the latter group.

More girls are now able to remain in their own homes during preg-

nancy. This reflects a changing parental attitude, and also less financial anxiety owing to the generous maternity allowances from National Insurance. A girl with a year's full employment behind her can draw £62 5s. 0d. in the 18 weeks from 11 weeks before her expected date to 7 weeks after. If she has a home confinement instead of going to hospital she will draw an extra £5.

Adding together the 1959 maternity cases and those still "active" from previous years, I find that 73 mothers still had their children with them at home or in domestic employment at the end of 1959. Eleven others, whose children were in nurseries or foster homes, were still in touch with them. Six children were in the care of the Local Authority and seven with voluntary societies. Twenty-nine were placed for legal adoption.

A very large proportion of mothers wish to keep their children in spite of planning for adoption during pregnancy. When a girl has a home and helpful parents this still presents a number of potential difficulties but when the girl has neither home nor helpful parents the situation is indeed problematical. It is often the unstable and immature girl without a home who is most anxious to keep her child. She longs for the love of another person who will accept her as she is, and sees the chance for this from her child. Her intelligence and perception may be too limited to be able to foresee the problems involved and to make any reasoned judgment of the situation. She tends to live in the present so completely that "the future" has no real meaning. Efforts to help her towards greater maturity of judgment may result in hostility towards those trying to help her, and one of our hardest tasks is to stand back while a mother makes what appears to be an unwise decision to keep her child. It is, however, important to add that the experience of pregnancy and motherhood often has a strongly stabilising effect upon a "flighty" girl, and a few of the "toughest" and most unruly girls whom I have known since I came to Oxford four years ago are now married and relatively well-adjusted. There is no doubt that "aftercare" is a vitally important aspect of moral welfare work.

The number of preventive cases referred continues to be small, but each one represents useful work in helping a girl through a difficult patch when her relationship with parents and others has become strained. Aggressiveness, deceit and defiance are the most frequent complaints, leading to fears on the part of the parents that their daughter is in moral danger.

Apart from the work recorded as "cases", there are, every year, a number of enquiries which involve interviews and visiting, but not needing case work. Some parents asked for help in trying to explain to an adolescent girl the facts relating to her illegitimate birth. A couple who had made a home for a parentless girl asked for advice relating to her proposed marriage. A young man came to discuss problems arising from his illegitimate birth. Several girls who came for initial interviews were

referred on to other Moral Welfare Workers. Several people asked for information about adoption.

I addressed 14 meetings during the year and attended 46 other meetings. I also spent a week at the Moral Welfare Conference at Swanwick and attended Day Conferences at Worcester and in Oxford.

I am greatly helped in many practical ways by members of the Committee and others, and for this and for their constant encouragement I wish to express my thanks."

SECTION VI

MATERNITY AND CHILD WELFARE DENTAL SERVICE

REPORT BY THE PRINCIPAL DENTAL OFFICER

C. H. I. MILLAR, B.Sc., L.D.S.

This year's figures for dental treatment of expectant and nursing mothers and "pre-school" children are very similar to those for 1958, with the exception of 100% increase in the number of fillings for the "under fives" group. There is, therefore, little to be added to the comments recorded in the Annual Report for last year.

The principal aim of dental health education of the priority groups has been to persuade mothers of the importance of regular dental inspection of their children's teeth from, at the latest, the age of three years onward. The policy of the Maternity and Child Welfare dental service is to give this group of children the highest priority, to encourage their parents to bring them for early dental inspections and to create the habit of regular visits to the dentist, in order that dental disease may be held in check before it has reached an irreparable stage. No request for such inspection and treatment is or would be refused at the clinic.

(a) Numbers provided with dental care

	Examined	Needing Treatment	Treated	Made dentally fit
Expectant and nursing mothers ..	5	5	5	5
Children under five ..	14	14	14	8

(b) Forms of dental treatment provided

	Extrac- tions	General anaes- thetics	Fillings	No. of inlays	No. of crowns	Scalings and gum treatment	Radio- graphs	Silver nitrate treatment	Dentures	
									Complete	Partial
Expectant and nursing mothers ..	2	—	23	—	—	3	—	—	—	1
Children under five ..	10	1	32	—	—	—	—	4	—	—

SECTION VII

MENTAL HEALTH

Report by G. F. WILLSON, M.D., D.P.H.
Deputy Medical Officer of Health.

1. Administration

(a) Mental Health Sub-Committee

Constitution of the Mental Health Sub-Committee of the Health Committee, which meets monthly, consists of 8 members of Council and 2 co-opted members.

(b) Staff

(i) *Medical*

The Medical Officer of Health has delegated to his Deputy the day-to-day supervision of the Section and the Deputy Medical Officer of Health attends the meetings of the Mental Health Sub-Committee.

(ii) *Non-Medical*

- 1 Senior Mental Welfare Officer (male), full-time;
- 2 Mental Welfare Officers (1 male, 1 female) full-time;
- 1 Clerical Assistant (female) full-time.

These officers undertake social and community care for both sub-normal and mental patients. A rota of duty has been arranged so that one mental officer is always available to deal with emergencies. There is an arrangement for mutual help between mental welfare officers of the City and County of Oxford to cover such factors as holidays and illness.

(c) Co-ordination with Hospitals

The Management Committees of Littlemore Hospital and of the Warneford and Park Hospitals each contain two members of the Mental Health Services Sub-Committee. The Medical Officer of Health is a member of the Warneford and Park Hospitals Management Committee and the Deputy Medical Officer of Health is a member of the Littlemore Hospital Management Committee.

The mental welfare officers have continued to attend regularly at out-patient clinics, case reviews and clinical meetings at the Warneford Hospital and we are most grateful to Dr. McInnes and his staff for making these facilities available.

The mental welfare officers have also continued to provide after-care for certain patients discharged from Littlemore Hospital. Liaison with this hospital is becoming increasingly close. At the invitation of Dr. B. M. Mandelbrote who took up his duties as Physician Superintendent of Littlemore Hospital in September 1959, Mental Welfare Officers and Health Visitors are able to attend regularly at case conferences and are also free to visit at any time patients in whom they have a particular interest. Knowledge is thus gained of patients for whom after-care may

have to be provided in the future, and information can be exchanged with regard to the social background of patients being considered for discharge.

(d) Duties delegated to Voluntary Associations

No duty of the local authority has been delegated to voluntary associations.

The City Council continues to make a grant to the Oxford Voluntary Association for Mental Health and has also made a grant to the National Association for Mental Health.

(e) Training of Mental Welfare Officers

A most important aspect of this training has been considered in paragraph (c) above. There is no doubt that the close degree of co-operation now being achieved between the local authority and psychiatric hospitals, resulting in a friendly and informal association with psychiatrists and many other hospital workers, is most beneficial. More thorough participation in the care of the mentally disordered stimulates interest and leads to increase in knowledge and efficiency.

In addition, the senior mental welfare officer attended the annual conference of the National Federation of Mental Welfare Officers, one officer attended a week's refresher course for mental welfare officers held at Bristol University, and the other officer attended the annual conference of the National Association for Mental Health.

2. Account of Work undertaken in the Community

A. Under section 28, National Health Service Act, 1946

Prevention, care and after-care.

At the request of the family doctor, the mental welfare officers visit patients in their homes to establish friendly relations and to estimate the extent and nature of the help required. Should the patient be admitted to hospital the previous establishment of a good relationship with the mental welfare officers is of great value when the patient is discharged and is in need of supervision. Responsibility for providing after-care for patients discharged from Littlemore Hospital is divided between the hospital psychiatric social workers and the local authority mental welfare officers according to mutual arrangement in any individual case so as to avoid unnecessary overlapping of duties.

B. The Mentally Ill

(i) Patients Admitted and Discharged from Hospital.

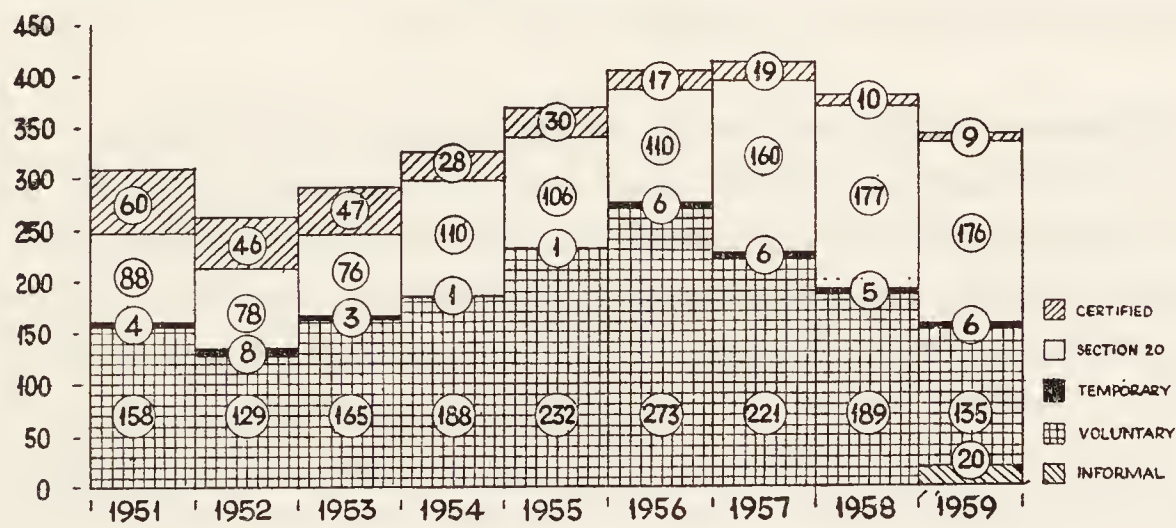
When the Mental Health Act, 1959, comes fully into operation it will repeal the Lunacy and Mental Treatment Acts and Mental Deficiency Acts. Until then it will be necessary to continue to use the present terms in connection with statutory procedures, although from 6th October, 1959, it has been possible to admit patients informally to designated mental

hospitals. This means that patients who do not show positive unwillingness to be admitted and who can suitably be treated without powers of detention may be admitted informally in the same way as patients are admitted to general hospitals. The practical effect of this during the last three months of the year was to diminish the number of voluntary patients admitted as the following figures show.

Admissions						1959	1958
Certified	..	..	..	..	..	9	10
Section 20	..		..	..	..	176	177
Temporary	.		..	..	..	6	5
Voluntary	..		..	..	..	135	189
Informal	.		..	..	..	20	0
						346	381

The figures given for the two years are, unfortunately, not completely comparable as no notifications are received of patients admitted informally to the Warneford Hospital.

Total Admissions of persons to Mental Hospitals classified by type on admission.



As a result of reclassification of patients carried out at Littlemore Hospital, 138 patients previously certified have had their status changed to that of informal patients.

A further point of interest is that almost all patients are now seen by a psychiatrist prior to admission, either at home or at an out-patient clinic. The main objects of this are to prevent unnecessary admissions, to encourage home care where this is adequate and possible, and, by making it easy for psychiatric advice to be obtained, to enable cases to be seen before gross deterioration has occurred. This policy might eventually be expected to lead to a drop in the number of patients admitted to hospital.

<i>Discharges</i>						1959	1958
Certified	..	..	..	..	..	31	32
Section 20	..	..	..	..	..	10	9
Section 21a	..	..	..	..	..	32	42
Temporary	..	..	..	..	..	0	3
Voluntary	..	..	..	..	..	248	204
Informal	..	..	..	..	..	18	0
Deaths	..	..	..	..	..	46	52
						385	342

The number of discharges during 1959 was higher than at any time during the past 10 years, a fact indicative of the orientation towards home care fostered by the Mental Health Act, 1959.

A significant proportion of long-stay patients at psychiatric hospitals have achieved some sort of mental stability and are no longer in need of specialised hospital care. Some of them already work in the community; others are able to work under sheltered conditions. All that they lack are homes to which they can be discharged and it is hoped that they will eventually be absorbed either into ordinary accommodation provided under Part III of the National Assistance Act or into a special hostel to be provided by the Local Health Authority. Premises suitable for conversion into a hostel are at present being sought.

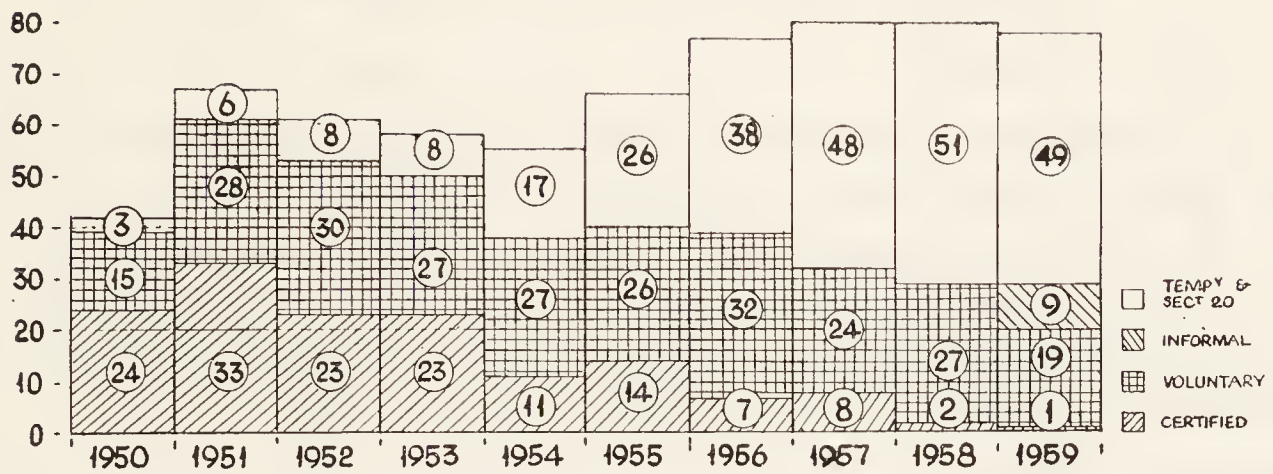
(ii) Admissions under section 20 of the Lunacy Act, 1890

In cases where the patient must be removed at once lest he attempt suicide, exhaust himself or harm others, admission to hospital on a 3-day order under section 20 of the Lunacy Act, 1890, is arranged. The number of such cases dealt with during the year accounted for nearly 51% of all admissions notified to the Health Department compared with 46% the previous year. It is likely that the percentage would be appreciably smaller than this if all informal admissions were notified. Of the 176 patients concerned, 10 were discharged within 3 days, 32 in whom the order was continued under section 21a for a further period were discharged within 17 days, 100 became voluntary patients, 16 became informal patients, 12 were certified and 6 died.

(iii) Old Age and Mental Illness

The number of admissions of persons over the age of 60 was 78 compared with 80 admissions in each of the previous 2 years. Over half the total were emergency admissions under section 20, and 28 were admitted as either voluntary or informal patients. Every effort is made to keep cases of senile mental deterioration at home whenever possible and to this end close liaison is maintained between Littlemore Hospital, Cowley Road Geriatric Hospital and the Mental Health and Welfare Departments of the Local Authority.

Admissions of persons over 60 years old to Mental Hospitals Classified by Type on Admission.



C. Mental Deficiency Acts, 1913—1938

(i) Ascertainment

16 new cases were added to the register in 1959. 6 were reported by the Education Committee, 4 under section 57 (5), 1 under section 57 (3) and 1 informally. Of the 10 from other sources, 5 came from other authorities, 4 from hospital almoners and 1 from a relative.

The waiting lists for institutional accommodation at the end of 1959 compared with previous years are:—

	1959	1958	1957	1956	1955	1954
Children under 5	3	1	1	0	0	1
Children 5—15	2	3	3	1	0	3
Adults	7	6	7	5	8	6

(ii) Guardianship and Supervision

At the end of the year 11 cases remained under guardianship. At the same time 106 cases were being kept under statutory supervision and 49 under voluntary supervision by the mental welfare officers. 6 females and 7 males on leave from psychiatric hospitals were also being supervised.

(iii) Discharge of Mental Defectives

During the year 16 females and 3 males, Oxford City cases, and 2 females and 1 male, out-county patients, were discharged from order, of whom 10 females remained in hospital on an informal basis, the others receiving friendly supervision from the mental welfare officers. This work is very necessary and time-consuming at a crucial period when the patients are being rehabilitated into the life of the community. Help in finding a suitable job may be required besides advice on the purchase of suitable clothing, encouragement to save regularly and adjustment to the various difficulties experienced on return to normal life.

(iv) The Training Centre

At the end of the year 46 children and adults were attending the Training Centre (as it is now designated according to the nomenclature contained in the Mental Health Act). Of these, 35 were Oxford City cases, 5 came from Oxfordshire and 6 from Berkshire. They may be classified according to age and sex as follows:

				<i>Male</i>	<i>Female</i>
Under 16	..	..	..	17	10
16 to 21	..	..	..	5	7
Over 21	..	..	..	3	4

The majority continued to travel to and from the Centre by special bus under the supervision of a member of the staff.

The Centre staff consists of 1 Chief Supervisor (Miss Warburton) and 5 Assistant Supervisors (4 female and 1 male). The work and daily routine carried out have the aim of helping the children to become socially acceptable members of the community who are able to attend to their personal requirements with as little assistance from others as possible. Needlework, painting, woodwork and other handicrafts of all kinds, physical training, percussion band and gardening are regular activities.

During the latter part of the year an attempt was made to find some form of remunerative work which could be carried out on the premises by the more capable persons attending the Centre. Resulting from the exertions of the senior mental welfare officer the following activities are now being performed:

- (a) the chopping and bundling of firewood,
- (b) the assembling of car exhaust suspensions,
- (c) the cleaning of aluminium castings of car name plates,
- (d) the packing of completed chromium name plates.

This is a most important innovation and one which every effort will be made to extend. It is often difficult to find work which can be broken down into sufficiently simple stages and which can be performed fast enough both to produce reasonable returns and to satisfy an industrial concern. No matter, however, how haltingly it may be performed, the value of doing a useful job for a financial incentive is very high to those who have never before had the opportunity of participating in anything except diversionary activities.

The Parents' Association continued to flourish and with its help 30 children, together with 3 members of staff and 1 parent, went to Bognor Regis for 10 days' holiday at the end of May. The weather was splendid and the holiday once again a great success. A cinè film taken on this holiday was an attraction at the Centre's Christmas party. Those unable to visit Bognor had 2 outings arranged for them, one a visit to Wickstead Park, Northants, and the other a visit to the amusement park at Little California near Henley. The sale of work held by the Association and Centre Staff at the end of the year realised over £80. As in previous years helpful grants were also contributed by the City Council and the City magistrates.

(v) Institutional Care

	<i>No. in Institutions within the Region</i>						<i>M.</i>	<i>F.</i>
Borocourt	..	..	..	..	..	..	25	29
Cumnor Rise	..	..	..	..	..	..	—	10
Smith's Hospital, Henley		..	..	..	..	..	2	2

Style Acre, Nr. Wallingford.....	..	..	..	..	7	—
Wayland Hospital	..	..	..	..	—	11
Bradwell Grove Hospital	..	..	..	..	12	1
Cotshill Hospital ..	..	..	..	..	4	4
Northview Hospital	..	..	..	..	—	4
Pewsey Hospital ..	..	..	..	..	7	4
West Stowell House	..	..	..	..	3	—
Purley Park, Reading	..	..	..	..	2	—
					—	—
					62	65—127
On licence from Borocourt	..	..	..	..	6	7
On licence from Pewsey ..	..	..	..	..	—	2— 15
					—	—
					68	74—142
					==	== ==

No. in Institutions outside the Region

					M.	F.
Alton, St. Mary's Home ..	..	..	..	..	—	1
Aylesbury, The Manor House ..	..	..	..	..	5	5
Aylesbury, Tindal General Hospital	..	..	..	..	—	1
Barvin Park, Potters Bar..	..	..	..	..	4	—
Botleys Park Surrey	..	..	..	..	—	1
Bristol, Bentry Colony ..	..	..	..	..	1	—
Bristol, Hortham Colony ..	..	..	..	..	—	1
Buntingford ..	..	..	..	..	5	—
Buxted, St. Mary's Home	..	..	..	..	—	2
Camberwell, St. John's Hostel	..	..	..	..	—	1
Cell Barnes Colony	..	..	..	..	1	1
Easthampstead ..	..	..	..	..	1	—
Etloe House ..	..	..	..	..	—	2
Laughton Lodge ..	..	..	..	..	—	1
Leybourne Grange Colony	..	..	..	..	1	—
Little Plumstead Hospital, Kent	..	..	..	..	1	—
Lisieux Hall ..	..	..	..	..	1	—
St. Joseph's School Sheffield	..	..	..	..	—	1
Stallington Hall, Stoke-on-Trent	..	..	..	..	1	—
Stoke Park Colony, Bristol	..	..	..	..	2	3
Stourbridge, Sunfield Children's Home ..	..	..	..	..	1	—
State Institutions for Dangerous Defectives	..	..	..	..	5	4
Warwick State Institution	..	..	..	..	—	1
					—	—
					29	25—54
						—
Total ..	..	..	..	..		54
						==

(vi) Place of Safety

No patient was placed in a place of safety during the year.

SECTION VIII

WELFARE SERVICES

REPORT BY J. C. DAVENPORT

Chief Welfare Services Officer

The City Council has delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee meets monthly to deal with the administration of the Welfare Services of the City. Duties in relation to the management of residential accommodation provided under Section 21 of the Act are delegated to a House Section of the Welfare Services Sub-Committee.

(1) General Welfare arrangements for the Aged and Infirm

The forecast of a few years ago which prophesied an increase in the percentage of persons over the age of 65 years becoming greater was, without doubt, correct, and it is now that we are beginning to encounter the results. It is not only in the 65—70 group that an increase has taken place, and it is significant that the greatest percentage increase over the 1951 census figures has taken place within the 85 + group.

It is indeed fortunate, both for the Local Authority and its populace, that in Oxford our plans for the provision of Homes were designed to meet this eventuality, and in 1959 two sixty bedded Homes, designed to meet the needs of the more infirm, were opened, and a further sixty bedded Home of a similar design was started. These Homes have provided a complete answer to the problem of giving a suitable home to the aged and infirm, and in addition to housing and caring for the old people, have achieved the much desired effect of providing a home in every sense of the word.

For some years it has been evident that the role to be filled by the Local Authority has been to cater for the needs of the infirm, and as infirmity is associated with the 80 + group, Old People's Homes should develop to meet the requirements of the "very old", and become "older people's homes".

Because of the shortage of Part III accommodation in the City it has been necessary to restrict the admission to Homes to the most needy cases, and in 1959 the average age of all persons living in Homes provided by the City Council was over 83, and this average age is still rising. When it is realised that there are in our Homes a small percentage of severely handicapped persons between the ages of 50 and 65 years, it will become quite clear that the majority of persons in Part III accommodation in the City are very old.

One pleasing result achieved as a result of the opening of Townsend House and Shotover View has been the increased mobility of a number of residents who have been transferred from The Laurels and who were practically immobile whilst living in that building. One or two cases who

were bedridden more or less, are now moving about reasonably well, assisted to no small extent by the design of the Homes.

Another most important feature which has been observed is the improvement in the personal appearance of the residents, now living in the new Homes, who were transferred from The Laurels. The result has been achieved without any pressure, and surely must reflect a feeling of well-being in the residents themselves.

These improvements are not intended to deprecate the efforts of the staff at The Laurels, nor to imply that any person living there is not well cared for. The staff at this Home have for many years, worked untiringly to make the lives of the residents happy and contented, and they have succeeded so much that when the time came for transfers to be made, the residents there had to be persuaded to move.

Again, it must be emphasised that the provision of suitable Part III accommodation is not the complete picture of welfare services for the aged and infirm. It is assessed that only 3% of persons of pensionable age will have to be admitted to such accommodation, and 97% will remain in their own homes, where, there is no doubt, they will be happier as long as the circumstances permit the provision of warmth, freedom from worry, sufficient to eat, and adequate health and welfare services.

The theoretical expansion of domiciliary welfare services in the City has not been made in 1959, but a practical implementation has been achieved. Despite a more or less continual shortage of one assistant Welfare Officer, there has been an increase in the numbers of persons receiving practical assistance from Welfare Officers, and nearly 800 persons were receiving domiciliary assistance in varying degrees of intensity. A further 500 are known to the Section and are receiving help from Home Helps, Friendly Visitors and Health Visitors.

The domiciliary service has been greatly assisted by voluntary helpers, and in addition to the Service provided by the Old People's Welfare Committee of the Council of Social Service, Community Centres in the area have been encouraged to implement their service to old people living in their area, and have done invaluable work. The Rose Hill Centre has been a pioneer locally in such service, and has worked in co-operation with the Department in providing a community service for the elderly which is second to none. There are plans for an even greater expansion here, inasmuch as the Council are to employ a Welfare Assistant living and working in the area to provide a co-ordinating link with the voluntary and statutory services. A number of other Community Centres have expressed their desire to set up and implement their existing services, and I am quite sure that in a few years' time there will be a domiciliary service operated by the Authority and voluntary workers which will be the envy of the country.

The figures showing the total number of visits paid by Welfare Officers during the year (6,943) by themselves give no indication of the total amount of work put in. Admittedly many visits are made to ensure an adequacy

of service but a large number are visits which entail long hours of work, and it is not unusual for one recorded visit to have a background of two or three hours work in providing and co-ordinating maximum co-operation from all services to provide an answer to the particular problem. All welfare problems are individual problems, and each is different in some aspects. The service must therefore be an individual service, and maximum co-operation of all social services must be readily available. This state, in Oxford, I am happy to say, exists, and I wish to express my sincere thanks to all Officers and voluntary workers who have helped so willingly.

(2) Residential Accommodation

The Laurels

This former institution has still remained in use, but it has been possible to close the older part of the building by transferring approximately sixty residents to the new Homes. There are still seventy residents in Home II, and it is the policy of the Council to transfer these residents to new Homes as soon as circumstances permit.

There was a certain amount of apprehension amongst the residents at the commencement of the transfers, but this feeling disappeared as residents met their friends in the new Homes, and the majority are now looking forward to the time when they too can be transferred.

Frilford House

This adapted Home for twenty-six persons of both sexes has continued with an average occupancy of twenty-six throughout the year. With the opening of the new Homes it was possible to transfer the more infirm cases to the more suitable accommodation necessary.

There is still the difficulty of maintaining an adequate staff at the Home because of its situation in a country district, and with this in mind, our grateful thanks are given to Miss A. H. Bell, a retired nurse from the north of England, who has come to our aid in the many staff emergencies we have experienced in the year, with valuable voluntary assistance for extended periods.

Barton End

This Home which has been fully described in previous reports has played its part fully in caring for the infirm, and, during the summer months, has been the main centre of the short-stay accommodation.

This latter service pioneered by the Council in 1952 has provided an invaluable addition to the domiciliary welfare services, and is the means of providing that extra assistance to enable many aged persons to continue living in their own homes, with short breaks in Part III accommodation to enable relatives to have a well-earned holiday, or to ensure against breakdown in domestic arrangements.



THE LOUNGE, "SHOTOVER VIEW" OLD PEOPLE'S HOME

Townsend House

This purpose built Home for sixty persons received its first residents in January, 1959, and by the end of March was fully occupied. More than half of the residents were transferred from The Laurels and a further group from Frilford House and Cowley Road Hospital Geriatric Unit.

The benefits of a specially designed Home were immediately apparent, and the building has already acquired a "home" atmosphere and is an extremely happy place.

Both residents and staff have combined to produce this result, and at the end of the year it was extremely interesting to note the pride of home displayed by everyone in the house.

There is no doubt that this type of accommodation is correct for the "very old" and infirm cases for which the Local Authority has a duty to provide, and Townsend House has increased this accommodation by sixty much needed beds.

Shotover View

This Home was the second in the Council's programme aimed at providing more suitable accommodation, combined with the policy of closing The Laurels, and was opened in June 1959. Again the preponderance of admissions were cases transferred from The Laurels and the Cowley Road Geriatric Unit, and again the benefits shown at Townsend House were repeated. This Home also was filled within two months, and this date coincided with the closing of Home I at The Laurels.

Each of these purpose built Homes has twelve single rooms, three four-bedded rooms, and eighteen double rooms. The residents appreciate this type of accommodation, and it does permit married couples to live together in Part III accommodation.

In each of the Homes described, the same amenities (television, radio, library, socials, etc.), are available to each resident, who also receives a minimum of ten shillings per week pocket money.

The residents are encouraged, if they are able, to assist in the running of the Home, and those who are willing to help in this way receive additional pocket money.

			<i>Discharges to</i>		
		<i>New Admissions</i>	<i>Hospital</i>		<i>Deaths</i>
The Laurels	..	24	14		12
Barton End	..	23	5		9
Frilford House	..	10	2		—
Townsend House	..	32	7		—
Shotover View	..	47	3		3
Totals	..	136	31		24

Voluntary Homes

The following Voluntary Homes are registered with the Local Authority for the care of aged and disabled persons:—

Aged and Disabled

Nazareth Home, Cowley Road	..	..	..	24 females
				9 males

Aged

St. Basil's Home, 239 Iffley Road	..	..	..	26 females
Elizabeth Nuffield Home, 165 Banbury Road	..			24 females
Council of Social Service Home, 115 Banbury Road				21 persons
British Red Cross Society Home, 107 Banbury Road				20 females
Miss E. Afford, 12/13 Walton Street	..	..	..	5 females
Mrs. Guise-Thompson, 2 Hernes Road	..	..		5 persons
Mrs. E. Best, 31 Stanley Road	..	..	..	6 persons

The agreements made with the following Homes to place accommodation at the disposal of the Authority continues:—

St. Basil's Home	..	..	..	..	4 residents
Nazareth Home	..	..	..	..	4 residents

This accommodation has been used throughout the year and has been of great assistance to the Authority owing to the continued shortage of accommodation. The City Council has accepted responsibility for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies:—

- 12 persons in St. Basil's Home
- 6 persons in Nazareth Home
- 1 person in St. John's Nursing Home
- 11 persons in British Red Cross Society Homes
- 25 persons in other Voluntary Homes
- 4 persons in Homes for the Blind.

In a similar way, by arrangement with other Local Authorities, the City Council has accepted the financial responsibility for the following:—

- 2 persons in London County Council Homes
- 5 persons in Oxfordshire County Council Homes

Temporary Accommodation

In 1959 there was a reduction in the number of families who sought our assistance as a result of becoming homeless. The applications totalled 146 during the year, as against a figure of 170 for the previous year, and almost half of these applications occurred outside office hours.

With the reduction in applications there was a corresponding fall in the number of cases housed, the figure being 13 against 27 for 1958.

A great deal of time and work goes into the handling of this problem, and we have been fortunate that we have not had to provide accommodation for more cases. Of the 13 cases admitted to temporary accommodation:—

- 2 families were accommodated for 1 night only
- 5 families were accommodated for periods up to 1 week
- 1 family was accommodated for a period up to 1 month
- 1 family was accommodated for a period between 1—3 months
- 4 families were accommodated for more than 3 months, and 3 remained in after the end of the year

The majority of cases dealt with concerned persons coming into the area seeking work and finding only short term accommodation. A rather tough policy has been adopted with this type of case, as they usually have left accommodation to come into Oxford, and this policy has had its success inasmuch as very few cases remain in shelter for more than one week, even if shelter has to be provided.

All cases are interviewed and followed up, and it has been possible to settle a number of domestic upheavals which have been causes of possible eviction.

The Council have decided that cases evicted from their homes as a result of the Rent Act of 1958, should be treated as persons requiring accommodation under Section 21 (*b*) of the National Assistance Act, 1948, and have decided to provide a limited number of rooms, as a temporary measure, in Home I at The Laurels to meet this need. No cases came forward in 1959.

Unfortunately, this year brought forward a number of cases wherein the size of the family prevented alternative accommodation being readily available apart from re-housing. The three families concerned had eight, seven, and six children.

Whilst it is readily apparent that no great priority for permanent housing can be given to families who become homeless, there must, of necessity, be some form of outlet for families of this size, otherwise temporary shelter in Part III becomes permanent housing, and eventually, the Council will be unable to provide this emergency temporary service as all its facilities will be occupied with families whose only problem is the problem of housing. The majority of these families are not the "problem families" so often referred to in the discourses on homeless families. They may be families with a problem (and which family today has no problem?), and it may be that they have this problem as a result of the lack of common-sense, but there is no doubt that their problem does exist, and this problem would undoubtedly vanish if suitable housing were available. As it is at the moment, with large families such as we have now, there is a risk that lack of control and the conditions of permanent life in temporary accommodation can contribute to delinquency in the children.

(3) Welfare arrangements for Handicapped Persons

(a) Blind

Statistics

During the year 33 people were certified as blind and 21 as partially sighted. A considerable increase in the number of registrations has followed new arrangements for the reporting of poorly sighted people by the Officers of the National Assistance Board.

The Authority is fortunate in that eye examinations for certification purposes are carried out at the Eye Hospital, and any medical or surgical treatment required is arranged straightway. Thus the number of blind people refusing remedial treatment is few.

The following table shows the diagnosis of cases registered during the year, and the numbers where treatment was recommended:—

(i) Number of cases registered during the year in respect of which para. F (i) of Forms B.D. 8 recommends:	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	3	1	—	20
(b) Treatment (medical, surgical or optical) ..	4	1	—	4

The number of registered blind persons in the City is shown, in age groups, in the following table:—

0-1	2-4	5-15	16-20	21-39	40-49	50-64	65-69	70 & over
M F	M F	M F	M F	M F	M F	M F	M F	M F
— —	1 —	4 —	— 1	6 5	9 5	6 17	10 8	47 72

Total 83 males and 108 females = 191, of whom 119 are over 70 years old, and 137 over 65 years old.

Children

1 boy at Sunshine Home, Abbotskerwell, 2 at Pewsey Mental Hospital, 1 at Sunshine House, Southdown, Wales, and 1 at Candover Hall School, Shropshire.

Employment

19 people are in open industry as follows:—

- 6 employed in factories
- 2 in legal profession
- 1 domestic worker
- 1 basket worker
- 1 labourer
- 1 masseur
- 2 porters, etc.
- 5 in miscellaneous jobs

Several totally blind women are running their homes very efficiently without help.

Home Workers Scheme

1 machine knitter

1 Braille copyist

Workshop Employment

The following are working in workshops:—

<i>Men</i>	<i>Women</i>	<i>Trade</i>
2	1	Chair caning
1	—	Mat making
1	—	Rush Seater

Marketing of goods

The Council operates a retail establishment at The Red Barn, Woodstock Road, Oxford. Although the prime function of the shop is to market products from the Handicapped Workshops, the opportunity has been taken to offer the facilities of the shop to all handicapped persons supervised by the Occupational Therapy Section of the Health Department.

The retail business has again improved upon its impressive record. The sales figures have continued to increase as they have for the last few years, and this record fully justifies the policy of producing and marketing goods at the right quality and price. The Superintendent of the Workshops who is responsible for the marketing as well as the implementation of policy in the Workshops has worked with tremendous enthusiasm in bringing about this happy state of affairs at a time when a number of sheltered workshops are finding difficulty in maintaining full employment.

General Welfare

With the totals of 191 blind, and 90 partially sighted on the register, the two Home Teachers have their case loads at the maximum. The ever-increasing average age of the blind population is also making the regular visiting service performed by the Home Teachers less of a teaching problem and more of that duty associated with a welfare services officer.

For the younger element of this group, teaching has been concentrated into classes with eight to twelve persons attending for an afternoon. These have proved very popular, and have enabled the teaching duty to become more concentrated in relation to time, to allow more domiciliary visiting to the larger and more infirm groups.

Arrangements were again made for a number of Blind People to have holidays at Homes for the Blind. All Blind Persons in need have been supplied with Wireless sets kindly supplied by the British Wireless for the Blind Fund. The maintenance and repairs are covered by the Council. Subscriptions are paid to the National Library for the Blind for fifteen readers. Three Blind People have guide dogs.

Social Activities

Except for short breaks during holiday periods, socials were held three times each month. A varied programme of entertainment has been provided, and thanks are due to those who so kindly help in this way. Assistance is also provided at socials and other functions by several regular voluntary helpers, including drivers helping with the transport of the blind people. Craft Classes are held weekly.

The Annual Party at the Town Hall, although taking place early in 1960 belongs to the year under review, and was exceptionally popular and well supported. In the summer, Outings were organised to Hastings, Evesham and Hampton Court.

Voluntary Help

The Oxford City and County Society for the Blind have continued to assist the blind financially towards the provision of holidays, invalid foods, extra comforts, and with Christmas gifts to those blind who are aged and infirm, in hospital, or other accommodation away from their own homes. As a result of the Society's meeting the subscription cost 4 Blind People receive Bible notes in Braille each quarter.

The Oxford Eye Hospital Patients' Welfare Fund has continued to be responsible for the cost of transport of the aged and infirm to the Christmas Party. This help is greatly appreciated, and enables many to attend who might otherwise be unable to do so.

(b) Deaf Blind

There were 11 deaf-blind on the Blind Register, 3 men and 8 women.

(c) Partially sighted

At the end of 1959, there were 90 persons on the observation register. All these people are substantially and permanently handicapped by defective vision. The following table shows the age groups on the register:

0—1		2—4		5—15		16—20		21—49		50—64		65 +	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	1	3	1	—	8	2	7	7	17	44

Total 34 males and 56 females = 90, of whom 61 are over 65 years old and 75 are over 50 years old.

(4) Other Handicapped Classes

The Council, on the 1st April, 1955, adopted schemes to provide for the welfare of the deaf and dumb, the hard of hearing and the general handicapped classes.

A new Centre for the Deaf has been acquired in St. Ebbes, and this has proved to be an immense step forward in the provision of Social and Welfare facilities. Its central position in the City renders it much more

accessible than was the former Banbury Road Centre. 75% of the adults on the register are members of this new Centre. In October, 1959, English Classes were commenced. Associated with the Deaf at this new Centre are the Oxford Hard of Hearing Social Club, and the Oxford branch of the Deaf Children's Society. Three members of the special staff are always available in the City.

(a) The Deaf

The Council's functions in relation to the Deaf have been delegated to the Oxford Diocesan Council for the Deaf, who have for many years been carrying out valuable welfare work amongst the local Deaf, and have been assisted financially by the Council since 1948. During the year ended 31st March, 1959, a grant of £700 was made to the Council. I am indebted to the said Council for the following statistics and information.

0-15		16-64		Over 65	
M	F	M	F	M	F
10	6	24	21	8	7

(b) Hard of Hearing

The Welfare of this group in the City is cared for by the Hard of Hearing Club, which is closely connected with the Department of Otolaryngology at the Radcliffe Infirmary. A financial grant has been made each year by the Council to meet the cost of the hire of the rooms. The Club is flourishing and does a great deal towards promoting the general welfare of the group.

It has been aided in this by the availability of the new Centre for the Deaf in St. Ebbes. Here evening classes have been held for the deaf and hard of hearing in a number of subjects, including folk dancing, needlework, civics, mimes and drama. Particularly successful was a class of building instruction for adolescents. During the better weather short trips and walks into the country were taken regularly with someone qualified to instruct in the interesting things to look for on a country walk.

The following table shows the age groups on the register:—

Under 16		16—64		65 and over	
M	F	M	F	M	F
—	—	22	50	11	41

The Oxford Branch of the National Deaf Children's Society has held meetings and socials at the Centre regularly. This association of parents contributes to the full programme that exists in Oxford for the deaf and hard of hearing.

(c) General Handicapped Classes

The adoption by the Council in 1955 of the Schemes for promoting the welfare of the general handicapped class meant an extension of the operations of the Section. The staff appointed for this work included a field Welfare Officer (full time) and the use of the services of an Occupational Therapist (half time).

Since the implementation of the Scheme in Oxford much has been done in helping the handicapped, a large percentage of whom are home-bound. Mention must be made of the co-operation of voluntary effort in this work, whereby in a number of instances it has been possible to make home life more bearable. Adaptations and aids in the homes, cleaning, redecorating, and remedial and recreational facilities have been carried out by the Local Authority staff and voluntary workers, including University students.

A total of 112 permanently and substantially handicapped persons are registered with the local Welfare Authority, the following table shows the age groups on the Register:—

16—64		65 and Over	
<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
54	41	13	4

The British Red Cross Society organise a Club for crippled persons which meets fortnightly at 101 Banbury Road. This Club is an invaluable aid in the provision of recreational facilities for handicapped persons, and the Officers of the Welfare Section have encouraged and aided as many as possible to attend.

The sheltered workshops and retail shop for handicapped and blind workers has been structurally completed and is now in the process of expanding its services to meet the needs of the area. This expansion is being carried out slowly in order that a sound basis may be established.

During 1959, five new employees were taken into the workshop. The new shop premises have proved to be of considerable benefit to the retail side of the business, and the quality of the goods displayed is now demonstrated to an enlarged public view, with the result that their counter sales have already increased substantially.

(i) Spastics

There are 31 spastics known to the Department, 15 are adults, (11 male and 4 female), and 16 children. All 15 adults are normally resident in their own homes. Of the 16 children 5 are attending ordinary schools, 5 attend the special day school at Slade Park, 2 attend the Occupation Centre. One severely disabled child is taught at home, one child, considered to be ineducable, remains at home.

The Spastic Centre is situated in the grounds of the Churchill Hospital and one child has received treatment at this new Centre during 1959.

(ii) Epileptics

Nine adult epileptics (2 male, 7 female) are known to the Department. All of these cases are major epileptics. This is a figure, which I feel sure, does not bear any real relationship to the actual number of people who suffer from this complaint. Fortunately, however, the majority of the minor cases are able to continue in normal employment.

Of the children known to be suffering from epilepsy one boy is at Colthurst House School, Warford, Cheshire, and one who was at Lingfield Colony School is now at home having Home Teaching. Two children attend the Ormerod Day Special School. Several other children suffering from slight or occasional epilepsy attend ordinary schools.

Meals on Wheels

This valuable service is essential for the well being of many old people, if they are to maintain their health in their own homes.

The Council permitted a great extension and improvement of this service in 1959. The service was made available on five days each week, and although the cost of the meal was increased to the recipient to 1/- per meal the actual cost of food to the Council was 1/6 per meal. As a result a greatly improved meal was made available and immediately there was an increased demand. In addition new thermos containers with individual meal packs were bought, and the meal now retains its original heat for a period up to three hours, and is much more palatable.

At the end of the year an average of approximately one hundred persons were receiving three meals per week through the service.

The Civic Catering Committee supply the meal, and members of the British Red Cross and Women's Voluntary Service distribute the meals to the recipients. The costs of transport are met by the Council in the form of a mileage allowance, but it cannot be over-emphasised that the work carried out by these ladies is invaluable in maintaining an efficient domiciliary welfare service for persons in need.

Chiropody Service

The service instituted by the Oxford Council of Social Service in 1953 is noted for its valuable service to old people in the City. It is only necessary to visit the Old People's Clubs and mention the service, to assess its true worth.

A chiropody service is available at ten Clubs, but treatment is not limited to members.

The Local Authority Welfare Services Officers, in co-operation with the Oxford Council of Social Service, have made it possible for chiropody treatment to be given to those old people who are unable to attend the Clubs or who are unable to go out without transport being provided. These people are taken to The Laurels Old People's Home where a clinic is held weekly. An average of five or six persons receive attention each week, and a number of them after treatment are able to walk again and continue their treatment at the Old People's Clubs.

The cost of chiropody treatment to the recipient is 2/- per session, and the balance is met by generous contributions from local charities and voluntary organisations.

Removal of persons in need of care and attention

In 1959 it was necessary to exercise the Authority's powers under Section 47 of the National Assistance Act, 1948, in one instance.

The case concerned an aged woman who was living alone in the City. She was infirm, physically incapacitated, and in need of continuous help which was not available to her. The general practitioner requested assistance in providing for her care, and as she was unwilling to accept help voluntarily, she was removed under order to the Cowley Road Hospital, where she later died.

Temporary protection of property of persons admitted to hospitals, etc.

The duty of the Council under Section 48 of the National Assistance Act, 1948, to protect the property of patients admitted to hospital or to accommodation under Part III of the Act, has been effected in 65 cases during the year.

Burial or cremation of the dead

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who has died or been found dead in their area, where no suitable arrangements for disposal have been made. During the year, it has been necessary for the Council to arrange 17 such burials, and in 11 cases part recovery of the cost involved has been made.

Civil Defence—Welfare Section

The organisation and training of the Welfare Section of Civil Defence is our responsibility.

In the event of war this Section would be prepared to accommodate people evacuated from vulnerable areas, and to house and feed persons rendered homeless by enemy action.

We have also plans to give temporary accommodation to persons involved in peace-time disasters, such as rail and air crashes, fires and floods.

The volunteer strength of the Welfare Section is 338. Of these 194 have been trained in "Care of the Homeless" and 140 in Emergency Feeding. Courses in First Aid and Home Nursing have continued with the help of the British Red Cross Society, 185 people have been trained in First Aid and 107 in Home Nursing.

SECTION IX

ENVIRONMENTAL HYGIENE

REPORT BY W. COMBEY, D.P.A., F.A.P.H.I., F.R.S.H.,
Chief Public Health Inspector

Staff reached full establishment during the year by the appointment of Mr. J. Burr on completion of his Army Service. Inspector J. Mullard qualified in Meat Inspection and Mr. G. Rosser qualified as a Public Health Inspector and left to complete his National Service. Two Pupil Inspectors are still engaged in their studies, while an additional Pupil is expected to be appointed during 1960.

Two Smoke Control Areas are now operative within the City, that on Blackbird Leys Estate having come into operation on the 1st June, 1959. All the houses on the estate are provided with approved appliances and circulars were sent out drawing the attention of new occupiers to the need for combustion of approved smokeless fuels only. One house on the estate—occupied by Health Department Staff and used as a Clinic—served as a demonstration unit following the delivery of a free supply of Gas Board reactive vertical retort coke. After a certain amount of difficulty in the satisfactory use by some tenants of the approved appliances, which have under-floor primary air supplies, the situation settled down and except for several residents who endeavoured (without success) to burn coal and wood blocks without being noticed, smoke control has continued satisfactorily. After warnings to those involved no further contraventions have been noted. Of course, it is obvious that in any area where progressive smoke control is practised individual excessive emissions stand out in some relief and are quickly commented upon. Prompt and active action is expected by the public in these cases who are not slow to react to the publicity which has been accorded to clean air measures.

There would seem to be an improvement in supplies of solid smokeless fuels following the introduction of "Glowco" Gas Board coke and "Warmco"—a National Coal Board product. There was somewhat less than usual winter shortage and on the whole one can comment favourably on the progress being made towards clean air over the City. It is hoped to extend No. 1 Central Area in the not too distant future—this being dependent upon satisfactory supplies of smokeless fuel.

There seems some resistance to handling of the modern light vertical retort reactive cokes in fuel distribution circles because of labour and transport difficulties due to the bulk involved in bagging and carriage. It is, however, clean to handle and it is interesting to note that there is developing an "over-the-counter" trade in solid fuel in paper bags, which may help to break down prejudice.

Publicity continues with our coloured slides, talks to various Associations and groups of housewives and other interested persons, while a set exhibition was held in the Town Hall to promote still further interest in clean air. Attendance was, as expected, disappointing.

Cleaning and restoration of the ancient City and University buildings proceeds apace and is imparting a sparkle to once otherwise tarnished buildings.

The Gas Works will definitely close down in 1960 and this will remove a considerable blot from the South Oxford area.

Arrangements were made for an attempt to measure the concentration of toxic effluent around the Cowley Industrial Area—with the co-operation of the Morris Motors' Works Engineer. Conditions associated with the motor works' extension continue to give rise to complaints and staff were kept on their toes throughout the year in an effort to pin-point various causes of noise, smut and smell.

50% of complaints received still involve infestations by rodents and other pests and the Pest Operators are kept busy throughout the City dealing with infestations of one kind or another. Indeed, this year it was not possible to carry out sewer maintenance due to staff difficulties and there was an unusual preponderance of wasp nest complaints which caused considerable upset and cost, although action was very much appreciated by the many ratepayers involved.

Housing action continued—particularly in the St. Ebbe's region, where progress is steady although not spectacular. Demolition of groups of houses throughout the area has at last taken place and this demonstrates that the St. Ebbe's Redevelopment project is actually nearing commencement. Indeed, preparation of the first site for dwellinghouses started before the end of the year and no doubt still further progress will be possible as settled road lines become apparent. Slum clearance progress appears to be achieving somewhere about 75% of the estimated rate and it is encouraging to note the large number of agreements concluded for the purchase by the City Corporation of individual properties within the St. Ebbe's area. Further Clearance Areas are envisaged.

There seems an encouraging response to publicity on Improvement Grants and where unfit properties are concerned close liaison is maintained with the City Engineer's Department.

The Rent Act provisions (in so far as Disrepair Certificates are concerned for securing repairs to dwellinghouses) seem almost dead.

Attention certainly seems to be veering towards improvement of sub-standard property although, so far, this seems to be affecting owner-occupied rather than tenanted dwellinghouses and more effort in connection with the latter would seem to be needed.

Improvement in food handling and display continues and it is gratifying that the Markets and Fairs Committee decided at the end of the year to proceed, in co-operation with the tenants, with modernisation of the fish precinct at the Covered Market.

Inspections of food premises were kept well up to average and it is pleasing to note the decreasing need for notices in connection with unsatisfactory conditions. Some restaurants still need careful watching, but on the whole improvement has been maintained.

The Royal Show gave staff an opportunity to assist in checking up on *ad hoc* arrangements for food service in the open and an interesting outbreak of staphylococcal food poisoning was traced to a local factory wherein the manager was suffering from a septic finger. Prompt action prevented further spread of infection.

Milk standards continued at a high level, keeping quality being good, although there was the usual high proportion of voided samples due to high laboratory temperatures and it seems a pity that a new test cannot be evolved to avoid such waste of effort.

Ice cream continues to be a popular article of diet and is of generally high quality, being produced in the main by a small number of large firms having national coverage.

Our education programme continues and includes classes for various groups of Trainees and Apprentices, Licensed Victuallers. etc., and no doubt this will have a beneficial effect in due course in the general realm of food handling.

An important phase in meat inspection history was reached with reports to the Ministry under the provisions of the latest legislation whereby the Government hope to reduce the overall number of slaughtering establishments and attain a much higher degree of hygiene in buildings and operation with greater attention to the details of humane handling of animals. If modernised, the Eastwyke Farm premises should, with the already modernised Co-operative Society premises, prove ample for the City's needs. It is a pleasure to record the close co-operation received from the staffs of both slaughtering establishments in connection with hours of slaughtering and we are indeed fortunate in avoiding excessive overtime and weekend activity, despite a considerable increase in the number of animals slaughtered.

Tuberculosis in food animals slaughtered locally has reached a new low record and this is all to the good.

In co-operation with the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, a change of recording has been introduced in connection with meat inspection and disease records. Only those categories suggested by the Ministry are given in the report and no weights are used—merely units of carcasses, part carcasses or offals. It is difficult, therefore, to compare results with those of previous years but there would seem to have been a reduction in the amount of meat found unfit for food.

The usual faults in labelling were discovered in food sampling routine and nothing very serious was found in non-genuine samples. Most of the retailers in the City are now generally aware of the labelling requirements of the Merchandise Marks Act and conditions at the Open Market at The Oxpens are better than they have been for a considerable time.

In conclusion, it is again pleasing to pay tribute to the continued efforts of my Deputy, Mr. Edlington, and all members of the staff to make the year a successful one. The Report is as usual presented in three

sections—(a) General Sanitary Circumstances and Water Supply, (b) Housing, and (c) Supervision of Milk, Meat and Other Food Supplies.

(A) GENERAL SANITARY CIRCUMSTANCES

(i) Complaints and Inspections

There was a considerable increase in the number of complaints received during the year, there being 1,880 as against 1,327 during the previous year. Almost 40% of the complaints related to infestations by rodents and insect pests. The most predominant infestation was concerned with wasp nests, over 1,000 being dealt with as against just over 100 last year. There were slight rises in complaints concerning dirty or verminous persons and complaints of offensive odours. Otherwise, the general picture is very much as during previous years.

Complaints	No.
Accumulations of Refuse	32
Choked and Defective Drains	31
Defective Water Closets	12
Dirty or Verminous Premises	49
General Housing Defects (including dampness)	90
Infestation by Insects and Pests	162
Infestation by Rodents	617
Infestation by Wasps	718
Keeping of Animals	6
Noise Nuisance	7
Offensive Odours	95
Overcrowding	6
Smoke Nuisances	25
Unwholesome Food, Containers and False Descriptions	30
	1,880

Number and Nature of Inspections

Animal Nuisances	45
Drainage	345
Housing	3,540
Interviews	981
Licensed Premises	103
Lodging Houses	29
Miscellaneous	862
Overcrowding	67
Pet Animals	81
Pharmacy and Poisons Sellers	293
Piggeries and Stables	169
Public Conveniences	12
Rats and Mice	9,343
Refuse Storage and Accumulations	210

School Premises	..	..	..	..	..	..	56
Shops Act	..	..	..	..	..	..	324
Tents, Vans and Sheds	..	..	..	..	..	..	242
Theatres, Cinemas, etc.	..	..	..	..	..	..	3
Verminous Conditions	..	..	..	..	..	..	134
Water Sampling and Bath Water			..	..	..	..	73
Insect Pests	..	..	..	..	..	..	1,085
Noise Nuisance	..	..	..	..	..	..	8
Health Education	..	..	..	..	..	..	17

Atmospheric Pollution

Smoke Control Area	..	..	..	..	..	..	415
Smoke Observations ($\frac{1}{2}$ hour)	..	..	..	..	..	..	26
„ „ (casual)	..	..	..	..	..	..	392
S.O. ₂ Recording Stations	..	..	..	..	..	..	132
Boiler Plants	..	..	..	..	..	..	110
Grit and Odour	..	..	..	..	..	..	395
Clean Air Interviews	..	..	..	..	..	..	246

Food Hygiene

Food Hygiene Regulations	..	..	..	..	..	3,263
Food Poisoning Enquiries	..	..	..	..	..	14

(ii) Sanitary Circumstances of Aged Persons

Close co-operation with the Welfare Section again proved adequate for dealing with insanitary circumstances of a number of aged persons and cleansing and disinfestation of premises were carried out by the Sanitary Assistants where necessary.

(iii) Lodging Houses

The Church Army continue to provide good standard accommodation at their Working Men's Hostel in Cambridge Terrace. The Council property in Charles Street, which is also supervised by the Church Army, is licensed as a Lodging House for 35 beds and it is pleasing to pay tribute to the excellent service provided by the Church Army in this connection. It is officially registered but is looked upon more as an Annexe to the Working Men's Hostel.

The problem of men "sleeping rough" still exists as there are quite a number of men on the road either seeking or avoiding work and because of their unsuitable behaviour and character are not received at the Hostel or Lodging House. So long as this type of person is attracted to the City there must continue to be certain problems in this regard, but nevertheless the number of persons treated for verminous conditions was quite small, there being 14 as compared with 19 during last year. Cleansing facilities at the Charles Street Annexe were available for the treatment of inmates, while one or two others were treated at The Laurels residential accommoda-

tion at Headington. The Disinfector was also available at The Slade Hospital for sterilisation of bedding and clothing. D.D.T. powder was, of course, also used for treatment of underclothing and in some cases for bedding. There is no doubt that heat sterilisation is essential for satisfactory completion of cleansing in cases of lice infestation.

It is perhaps pertinent at this stage to remark on the general lodging position within the City. In addition to the generally accepted sharing of premises by Students and others attending the University there is—owing to the shortage of housing accommodation in this very busy industrial and University area—considerable multi-occupation of dwelling-houses. Bye-Laws for houses let in lodgings are, of course, not yet applicable, being still under revision following the change in housing law in 1957. Every attempt is made to deal with problems arising from multi-occupations as effectively as possible without using the ultimate powers which might require eviction proceedings where overcrowding is serious.

(iv) Movable Dwellings

This very topical matter was pin-pointed during the year by the issue in July, 1959, of a report by Sir Arton Wilson, K.B.E., C.B.—“Caravans as Homes”. The report is an interesting and helpful review of the whole subject and sets out the basic facts and problems, but makes no special recommendations. The report points to broad agreement which appears apparent to the effect that residential caravanning is evidently here to stay for some years at least and should be dealt with positively rather than negatively with more effective and wide-ranging system of controls under Public Health or similar statutes. Town and Country Planning powers would also appear to need strengthening and the report points out that holiday caravanning is another matter considered one of great importance by many authorities but not considered within the terms of reference of the report. The most important point made by the report is—that nothing should be allowed to have the effect of diverting effort and interest from the provision and use of better permanent housing properly integrated into the community. In so far as the City is concerned, comparatively few caravans are licensed and considerable time was spent during the year by the Housing and Planning Committees in examining the possibility of providing within the City a proper residential caravan site. It was felt that this might solve the problem of the various small sites scattered throughout the City but there can be no compulsion on persons to move to a local authority site from private sites which continue to comply with the terms of their licences. It is clear, therefore, that any residential site would merely be an attraction to caravan dwellers anxious to reside within the City and probably prove additional embarrassment to the Housing Department. There is no doubt that the majority of caravanners much prefer permanent housing, although a minority seems to be quite happy to continue residence in movable dwellings of size and amenity suitable to their requirements. At the end of the year the one

practical step taken was in the provision of a site on the Blackbird Leys Estate for contractors' caravans as a means of preventing sporadic siting on roads and sites throughout the Estate. This effort to tidy up the position on the Blackbird Leys Estate seems to be working out quite well.

The total number of caravan licences under the Public Health Acts during the year was 46 on 18 sites and close liaison with the Planning Department continues, for approval by that Department is made a prerequisite for Public Health licence application. Applicants are so advised and the system has worked quite well. All licences issued are accompanied by a list of conditions recommended by the Chief Fire Officer in so far as fire precautions are concerned and wherever possible advice is given in connection with prevention of condensation dampness which is another "headache" in some caravans.

Overcrowding has not been observed but is prone to occur where families become pressed to occupy a movable dwelling with the non-availability of permanent accommodation. There are, of course, many hundreds of caravans surrounding the City—obviously having an interest in industrial and commercial activities—and while not classed as City residents the occupants undoubtedly form part of a greater Oxford community.

(v) Offensive Trades

Again it must be reported that, apart from the single long established Marine store dealer operating satisfactorily in the City, there are no offensive trades operating within the City.

(vi) Canal Boats

There are no boats on the local register but occasional barges travel the canal with building materials and solid fuel, while one or two holiday boats use the stretch of water during the summer period. No complaints of nuisance from the canal or its banks have been noted during the year.

(vii) Drainage

There were less complaints this year than last (31 as against 57) and all were satisfactorily dealt with—where necessary in collaboration with the Building Inspectors' Section of the City Engineer's Department.

While low-lying parts of the town are still likely to be subject to flooding in times of bad weather, there has undoubtedly been considerable improvement since the new sewage works became fully operative.

(viii) Riding Establishments, Stables and Piggeries

There were two riding establishments licensed under the Riding Establishments Act, both being subject to regular visits by the official Veterinary Surgeon and the District Public Health Inspectors. There are also 46 piggeries existing within the City and some 169 inspections were carried out during the year. Close collaboration continues with the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and

Food and his staff with particular reference to the Diseases of Animals Acts. Figures are submitted to this officer of the number of visits made to pig keepers' premises under the Diseases of Animals (Waste Food) Order and inspections carried out of poultry dealers' premises. This latter has particular reference to the Poultry Disinfection Order which is an attempt to control the spread of fowl pest and similar conditions. 16 pig keepers are registered under the Waste Food Order and 231 inspections of poultry dealers' premises were carried out during the year.

(ix) Pet Animals

81 visits were made to 9 premises licensed under the provisions of the Pet Animals Act. Conditions generally are good and the businesses seem to be operated in a satisfactory manner.

(x) Factories and Workplaces

35 visits were made to registered outworkers' premises in the City—these being mainly concerned with dressmaking, tailoring, rug making and toy filling. The following table gives the number of registered factories and workplaces with the number of inspections made and defects found and remedied. Close liaison with H.M. Inspector of Factories continues and the number of contraventions noted remains small.

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	84	55	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	391	210	11	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	6	—	—
Total	483	271	16	—

Defects found in Factories

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	4	1	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	1	1	—	—	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or defective ...	19	11	—	3	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences (not including offences relating to Homework) ...	—	—	2	—	—
Total ...	25	14	2	4	—

(xi) Shops

324 (325) inspections of shops under the provisions of the Shops Act were carried out during the year, being additional to visits made for other purposes and covering conditions relative to the sale of food, infestations, complaints, and a variety of other matters. Notices under the Health Provisions of the Shops Act were served in 3 cases and it was found that the general standard of hygiene and cleanliness continues to progress with co-operation usually readily given by occupiers of premises.

(xii) Pest Extermination

Staff consists of three outside assistants who carry out disinfection work of all kinds usually under the direction of District Inspectors. Prompt attention is given to all complaints made regarding pest infestations and there is no doubt of the appreciation shown by many concerned in problems caused by rats, mice and other vermin. The work involves surveying, baiting, treatment by spray, powder blowing or laying of special baits, together with identification work, in connection with which thanks are due to Professor Varley and his staff at the Hope Entomology Department of the University.

Prevention of Damage by Pests Act, 1949.

Report for Year ended 31st March, 1959.

	TYPE OF PROPERTY				(5) Agri- cultural
	Non-Agricultural				
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Cols. (1) (2) & (3)	
Number of properties in Local Authority's Dis- trict	329	27,974	3,983	32,286	79
Number of properties in- spected as a result of:					
(a) Notification ..	15	288	122	425	—
(b) Survey under the Act	—	—	—	—	79
(c) Otherwise (e.g. when visited primarily for some other purpose) ..	61	1,017	989	2,067	—
Total inspections carried out—including re-in- spections	93	1,628	7,543	9,264	79
Number of properties in- spected which were found to be infested by:					
(a) Rats {Major {	—	—	1	1	—
{Minor {	17	230	42	289	—
(b) Mice {Major {	—	—	—	—	—
{Minor {	5	137	58	200	—
Number of infested pro- perties treated by the Local Authority ..	22	367	101	490	—
Total treatments carried out—including re-treat- ments	22	384	138	544	—
Number of notices served under Sec. 4 of the Act:					
(a) Treatment	—	—	—	—	—
(b) Structural work (i.e., Proofing)	—	—	—	—	—
Legal Proceedings ..	—	—	—	—	—
Number of "Block" con- trol schemes carried out	—	—	—	—	—

Special anti-fly treatment was carried out last year, including spraying at a number of premises including hospitals, schools, cafe kitchens, etc., while the slaughterhouses receive regular treatment by the occupiers. There was no undue incidence of fly infestation last year and an attempt will again be made to cover as many premises as possible with insecticide prior to the hatching period.

Special treatment against Pharoah's ants has also occupied considerable time during the year for at both the Radcliffe and Churchill Hospitals this pest has been especially active. Heating ducts are, of course, involved and a special high power spray gun has been used with considerable success. Baiting with fresh liver baits has helped to pin-point sources of infestation and systematic treatment. from ward to ward throughout the heating ducts is proving very effective.

The most predominant infestation was concerned with wasp nests, over 1,000 being dealt with as against just over 100 last year. The Health Committee continues to authorise free treatment against wasps and every effort was made to deal with complaints as quickly as possible in order to allay the considerable anxiety shown by many complainants particularly where children or old people were concerned. Many expressions of appreciation were received of the work efficiently carried out by the Operators. The cost of dealing with eradication of these nests was considerable and it is hoped to arrange a simpler and more direct method of treatment on future occasions. Wasp nests which are not in awkward places can usually be dealt with after sun-down by treatment with an efficient insecticide liberally poured over the nest and left. No danger exists at this time and the nest can subsequently be dug out or removed for permanent destruction.

It was found also that treatment during the day while wasps were active was liable to provoke the insects, although no injury resulted at any time during the operations.

Our contract system for survey and treatment at regular intervals is highly appreciated by College authorities and business proprietors throughout the City and £576 income was achieved during the year. There was no undue incidence of rat infestation although some activity was noted with the re-development of the Blackbird Leys Sewage Farm as a housing estate.

It was not possible to carry out sewer maintenance during the year, mainly because of shortage of staff, but as the picture during the previous year was a very good one the failure to carry out the treatment did not cause undue concern. It is hoped to cover the whole system throughout the City during 1960.

Refuse tips are regularly attended to and it is pleasing to remark on the high standard achieved by the Cleansing Superintendent in the conditions on the tips—excellently laid out and levelled to a very high standard. Close collaboration exists between this Department and that of the Cleansing Superintendent.

*Visits by Operatives in Connection with Rodent Extermination**Local Government Premises:**Totals*

1st Visits	..	..	..	..	..	33	
Re-visits ..	..	..	..	..	..	280	313

Dwellinghouses:

1st Visits	..	..	..	..	..	520	
Re-visits ..	..	..	..	..	..	3,215	3,735

Business Premises:

1st Visits	..	..	..	..	..	121	
Re-visits ..	..	..	..	..	..	1,022	1,143

University Premises:

1st Visits	..	..	..	..	..	18	
Re-visits ..	..	..	..	..	..	246	264

 5,455

Baits Laid:

Pre-baits	..	..	..	..	..	—	
Poisons baits	..	..	..	..	..	12,473	
Post-baits	..	..	..	..	..	—	

(xiii) Atmospheric Pollution

Two Smoke Control Areas are now in force and are proving quite effective and provided sufficient supplies of approved smokeless fuels continue to be available it is hoped to extend systematically throughout the City on the lines of the 20 year programme originally conceived and supported by the Health Committee some years ago. More reactive coke is now available through the fuel merchants and the Southern Gas Board and this seems to be giving very good results on open grates, although the problem of storage in bulk is constantly being met. It is interesting to note, however, that solid fuel in paper bags is now being made available in quantities of 28 lbs. and this is a welcome addition to the general delivery system. Once householders have become used to the handling and lighting of the reactive cokes they become quite enthusiastic for it gives a good, hot, clear fire without much dirt or soot. Control of draught is, of course, important in order to ensure economic use and throat restrictors are very useful in this connection. Indeed, I still feel that there is much to be said for the encouragement in the use of the reactive cokes on the ordinary stool and fret or barred fireplace where a throat restrictor can be used effectively without involving the major expense of replacement by a modern approved appliance. I also feel that many of the approved appliances do not appeal to those members of the public who still cling to the open fire tradition, for many of the solid fronts obstruct the glow of a deep fire bed which proves so comforting in the view of many who demand open fires. Some form of open bar grate seems to

have more appeal in this connection. Many of the open fireplaces in our first Smoke Control Order area are still operating satisfactorily without amendment and little in the way of contravention has been noted in either Smoke Control Order Areas. Occasional lapses by two oil fired plants in the City Centre caused a little concern but the troubles now appear to have been resolved. The single underfeed coal-fired boiler plant continues to give satisfactory smokeless operation. A number of tenants on the Blackbird Leys new estate were found to be burning coal and creating visible smoke but after initial warning no further contraventions have been noted.

It has been interesting to compare atmospheric conditions over the Blackbird Leys Estate and that of the neighbouring Cowley Airfield Estate and the difference is remarkable for at times clouds of domestic smut and smoke can be seen over the latter, while the Smoke Control provisions over the Blackbird Leys Estate are obviously most effective and striking.

Appreciation is expressed of the publicity afforded by the local press on several occasions and favourable comment has been received from far and wide on the special supplements which the local paper has edited from time to time.

Some concern has been felt nationally over the publicity by the National Coal Board in an attempt to stimulate the burning of coal in open grates but unless and until grates suitable for comparatively smokeless operation are available there is little likelihood of much support for its use by those who give serious thought to cleanliness in the home and smoke-free air around it.

A short exhibition was held in conjunction with the Coal Utilisation Council who set up a number of exhibits in the Assembly Room of the Town Hall, and the Department also fixed a special model town exhibit demonstrating the use of smoke measuring instruments and the use of the daily recorder for the estimation of deposit and sulphur in the air. As usual with exhibitions of this kind and despite good publicity, there was a disappointing response and I remain unconvinced of the value of exhibitions of this kind for stimulating to any degree the public interest. Much work and expense is often involved which could be diverted to other more positive channels. Effective use has been made of our coloured slides in lectures to the various groups of interested persons—Housewives' Guilds and Associations, Schools, Church Groups and the like, and these have proved very popular in so far as atmospheric pollution is concerned.

The usual complaints have been forthcoming about smoke nuisances, grit, oil smuts, etc., although this is to be expected with the growing public interest in matters concerning atmospheric pollution.

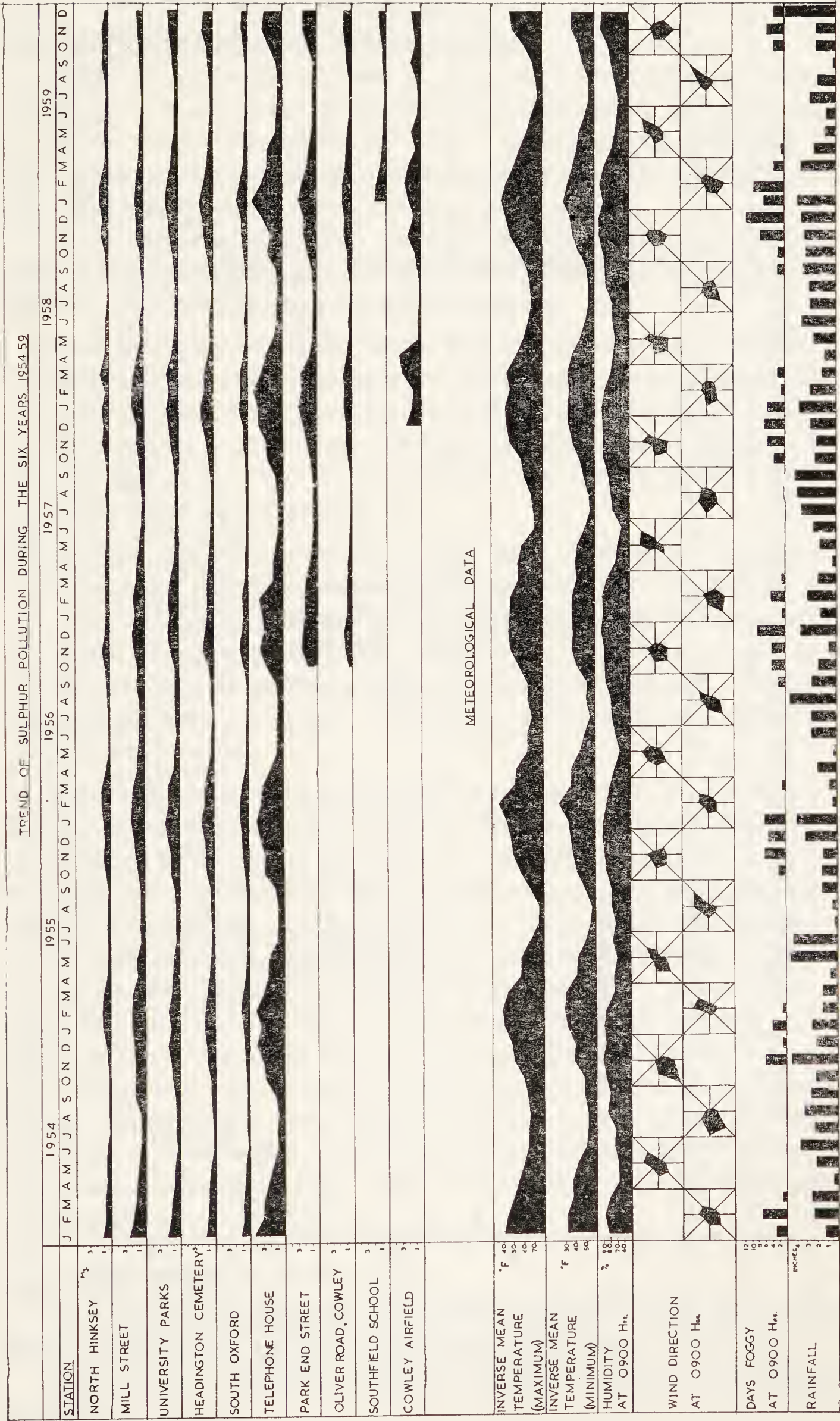
An excellent improvement was secured at the foundry of Lucy and Company Ltd. who fitted a water-washed grit arrestor which is proving most effective. Considerable work was also carried out by Morris Motors Limited through their Engineer, Mr. J. W. Pringle, in an attempt to deal with matters, causing concern near the new works' extension. The metal

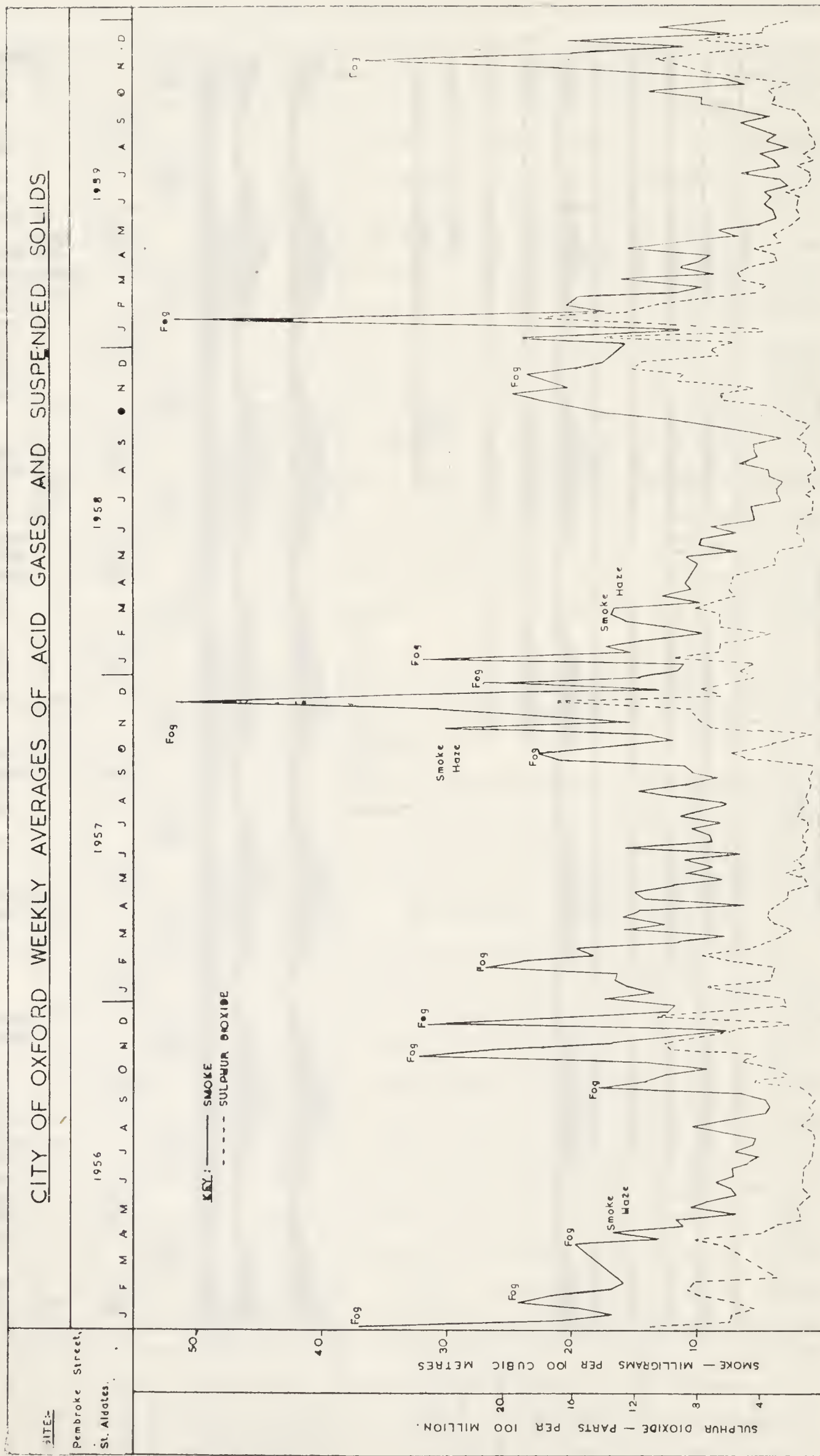
stacks of the oil fired boiler equipment have been clad with aluminium sheets in accordance with latest practice for preventing the formation of oily smuts, and the work appears to have been very effective. Ventilators have been increased in height to ensure some dispersion of effluent from the body painting section and towards the end of the year arrangements had been completed for special recorders to be sited around the works for the assessment of toxic gases—more particularly toluene, which it was thought by the City Analyst would be the agent most likely to cause danger to public health. That there is a certain amount of odour cannot be denied, but it is extremely unlikely that the amount and character of this odour is likely to have an effect on the health of residents on the nearby estate. There is no complaint from the factory angle either from workers or factory inspectorate and rapid diffusion is, of course, usually obtained outside the factory except in conditions of temperature inversion when odours are unable to diffuse rapidly and consequently conditions become abnormal. With the organisation of night shift work, complaints have arisen regarding noise and at the end of the year active consideration was being given to steps for the prevention of low level vibrations in the ducting system which were thought to be responsible for some of the noise complained about.

It was unfortunate that a course of training in smoke inspection for Public Health Inspectors was not possible during the year and it may be possible to arrange it during 1960.

The Gas Works in South Oxford have at last reached the end of their working life and are to be closed down early in 1960. This should remove considerable nuisance from the area south of Carfax which for many years has been subject to grit, smoke and odour from the old horizontal retorts at the Gas Works. It should be interesting to see the effect on the sulphur reading at Carfax following the closing down of the works.

The usual records have been kept and are appended showing the trend of sulphur and the daily deposits recorded throughout the area. There is no special point to be noted although Carfax once more continues to show the highest readings, the peak being reached in January. Subsequently, readings appear to have been somewhat lower than for some years. The general average of sulphur reading continues its downward trend, the reading for 1959 being 1.89 as against 2.2 in 1954 when readings were first estimated. This is interesting having regard to the continued increase in oil burning within the City, although most of that being used in the City Centre is of light quality and therefore comparatively low in sulphur content. It is hoped to secure a reflectometer during the year for proper estimation of smoke stains and collaboration with the Geography School of the University and Morris Motors' Works Department will continue in so far as daily estimations are concerned. Thanks must be expressed to Mr. F. Parker, the Senior Technical Assistant of the Inorganic Chemistry Department under the direction of Councillor Brewer (the Right Worshipful the Mayor), Mr. A. C. Martin of the Geography School through the





courtesy of Professor Gilbert, Mr. J. W. Pringle of Motors Motors (Works Engineer) and his Assistants, Messrs. Wilson and Laidler.

(xiv) Swimming Baths and Bathing Facilities

More interest has been shown in swimming baths during the year as greater use is made of the small instructional swimming baths provided by several schools throughout the City. Controlled chlorination is insisted upon and regular samples are taken by staff at the schools as well as by visiting Inspectors during the summer season.

There are swimming baths provided as follows within the City in addition to open bathing places on the River Thames and Cherwell which continue to be very popular during the summer:

Temple Cowley Swimming Bath—this is a modern public swimming bath with constant circulation and chlorination treatment on modern lines, the water being provided from the public mains. Bacteriological examination is carried out regularly, sampling being undertaken by the staff of the City Water Engineer, and results supplied to the Department at regular intervals.

Hinksey Open Pools are also public baths—formerly service reservoirs—and these have been efficiently fitted with continuous circulation filtration and aeration with chlorination on the lines of that at the Temple Cowley Baths. Being open pools there is more need for attention to cleansing of debris and scum removal. Water is supplied from the mains. These pools are very popular during the summer months.

Three school instructional baths have been provided at New Marston, Wood Farm and Rose Hill schools and after some original difficulty in maintenance have now settled down to reasonable standards. Each is provided with continuous circulating plant and chlorine dosage arrangements. Daily testing during the season is carried out by a member of staff at each school and regular visits are made and sampling carried out by the District Inspectors. It is obvious that these plants must be regularly supervised to ensure reasonable conditions, particularly at the height of the season when they are very popular and chlorination tends to be inadequate. Being open air pools they are subject to considerable outside contamination and constant attention to removal of detritus is necessary. There is also some need for foot cleansing and attention to a hygienic surface around the edge of the baths in order to reduce gross contamination.

(xv) Water Supply

The following report has been kindly supplied by the City Water Engineer (Mr. H. H. Crawley, A.M.I.C.E., M.I.W.E.).

Despite the drought the supply of water to the City was adequate throughout the year.

The total quantity of water treated at Swinford Works and pumped to supply during 1959 was 2,967,554,000 gallons, an increase of 217,428,000 gallons on the quantity treated in 1958.

After deducting metered supplies the average consumption per head per day was 24.2 gallons.

Bacteriological Examinations

Samples of water from the River Thames, which is the source of supply, were taken each month together with samples after settlement, after filtration and of the final water leaving Swinford Works.

The results of the examinations made by the Public Health Laboratory Service of the above samples showed the following ranges in the probable number of coliform bacilli (2 days at 37°C) per 100 ml.

River Thames samples	..	..	130 to 11,000
Settled Water samples	..	..	0 to 3,500
Filtered Water samples..	..	..	.. 0 to 25
Final Water samples	..	..	.. 0 to 2

Bacteriological samples were taken at least weekly from each of the service reservoirs and from consumers' taps in various parts of the area of supply with the following results:—

Place of Sampling	Total No. of samples taken	Results		Satisfactory samples as percentage of total number
		Satisfactory	Unsatisfactory	
Works Cottages ..	12	11	1	91.7
Beacon Hill Reservoir	52	51	1	98.1
Headington Reservoir	53	53	—	100
Shotover Reservoir ..	55	52	3	94.5
Boars Hill Reservoir	51	42	9	82.3
Brasenose Reservoir	55	51	4	92.6
Consumers' Taps ..	293	256	37	87.3
Totals ..	571	516	55	90.4

Chemical Analyses

Monthly samples of the Raw Thames Water and the Filtered Water were taken and the ranges of the chemical analyses of these are given below:—

	Raw Thames Water		Filtered Water	
	Max.	Min.	Max.	Min.
<i>Physical Characters—</i>				
Reaction pH	8.5	7.9	7.9	7.3
Colour (Burgess Scale)	75	25	20	7
Turbidity; units	20	5	5.2	.20
Electrical conductivity at 20°C.	600	374	610	402
	Parts per	million	Parts per	million
<i>Chemical Characters—</i>				
Total solids, dried at 180°C. ..	439	287	436	276
Chlorine in chlorides as Chlorion	33	20	35	20
Nitrite Nitrogen	Present	Faint trace	Present	Nil
Nitrate Nitrogen	8.5	0.9	8.5	.70
Ammoniacal Nitrogen	.344	.05	.216	.022
Albuminoid Nitrogen	.580	.152	.590	.096
Oxygen absorbed: 4 hrs. at 27°C.	3.60	.94	1.55	.50
Alkalinity as CaCO ₃	210	155	200	130
Hardness: as CaCO ₃ : Carbonate	227	149	218	130
Non-carbonate	112	42	131	50
Total	312	192	311	192
Free carbon dioxide as CO ₂	10.4	Nil	29.1	5.5
Residual chlorine	—	—	Nil	Nil
Metals	Nil	Nil	Nil	Nil
Phosphate as P ₂ C ₅	2.4	.11	Not determined	
Silica as SiO ₂	18.2	4.6	„	„
Fluorides	.15	.11	„	„

During the year all the properties in Binsey Village were connected to the public water mains.

(B) HOUSING CONDITIONS

65 houses were demolished during the year under review and 86 families rehoused by the Housing Department from unfit properties. Negotiated purchase of the houses in the Friars 3, 4, 5 and 6 Clearance Areas had been completed in all but one case by the end of the year, while 7 Demolition Orders, 21 Closing Orders, and 41 Certificates of Unfitness were also made. The City Architect's Department continues to negotiate for houses as they become available within the St. Ebbe's Area and considerable progress has been achieved in demolition and clearance of houses in anticipation of eventual redevelopment. Car parks have sprung up remarkably quickly on the cleared sites and it is pleasing to record that at long last, works for the erection of blocks of flats have commenced on the Gas Works site in St. Ebbe's. This is the first step in the general redevelopment of the St. Ebbe's Area.

It is illuminating to review progress in Slum Clearance for by the end of 1959 some 373 houses had been dealt with out of a very broad estimate of 700. The rate of progress appears to be at about three-quarters of that estimated and this means that another three or four years will be needed to complete the programme. Difficulty grows as time progresses and while there has been some acceleration in the rehousing of families from the unfit properties, there still seems a shortage of single unit and small family accommodation. Inability to settle problems on link roads through St. Ebbe's still bedevils redevelopment and prevents quicker progress on the Slum Clearance programme.

New building on the Blackbird Leys housing estate on the Cowley fringe area continues with even greater speed and there is no doubt that this estate will provide a large number of housing units within the next year or two. Further developments at North Oxford and Marton will result in still more dwellings being erected although considerable leeway remains to be made up on the 1958 programme. Labour problems in the building trade still remain acute and these affect jobbing repair work no less than progress in new building. There is, despite the effect of the Rent Act, a considerable amount of house repair work outstanding, which should be carried out to save many dwellings from deterioration, but shortage of jobbing repair labour has an undoubted retarding effect.

Only 6 Applications for Certificates of Disrepair under the Rent Act, 1957, were received during the year—a considerable drop in the figures for 1957/58. Many landlords have seen fit to carry out some repairs, but still more seem to have done nothing and tenants similarly (where rentals have not been unduly affected) have made no move. I see no reason for altering my previous opinion—that under the Rent Act provisions much unnecessary activity is expended for very little practical result. The operation of the de-control provisions of the Act caused very little upset despite apprehension felt by Health and Housing Committees. Special provisions at The Laurels, while it remains, may prove sufficient emergency

accommodation. There seemed a stimulation to house ownership during the year with prices rising and considerable interest being shown in the older housing market—particularly where vacant possession seemed possible. No less than 1,537 Land Charges were replied to through the Town Clerk's Department, this being some reflection of the activity on the house property market. 1,202 visits were made to houses in respect of defects with 415 inspections carried out, while 43 properties were recorded under the Housing Regulations with a view to subsequent action being taken.

There were 161 applications for Improvement Grants made to the Housing Committee through the City Engineer, 44 being for Standard and 117 for Discretionary Grants. Of these, 32 Standard and 105 Discretionary were approved to a total value of £22,003 17s. 5d., and this compares with £12,232 granted during 1958 and £11,343 during 1957.

Housing Act, 1957

Demolition Orders made	7
Closing Orders made	21
Certificates of Unfitness submitted and confirmed	41
Houses Demolished	65
Families rehoused from Unfit Properties	86
Notice of Time and Place served	38
Statutory Notices <i>re</i> Overcrowding	3
Statutory Notices for Repairs	5

Rent Act, 1957

Applications for Certificates of Disrepair	6
Certificates Refused	2
Certificates Granted and Issued	4
Undertakings given by Landlords	2

Repairs and Improvements carried out, 1959

Items	Dwelling Houses	Food Premises	Other Premises	Total
Accumulations Removed ..	10	14	5	29
Animal Nuisances Abated ..	4	1	1	6
Cooking Accommodation	—	3	—	3
Dampness	10	4	—	14
Dustbins	2	7	1	10
Drains Tested	4	2	1	7
Drains/Waste Pipes Cleared ..	18	4	1	23
Drains/Waste Pipes, etc. Repaired	16	5	5	26
Doors/Windows Repaired ..	28	4	—	32
Ditches/Streams Cleansed ..	—	1	—	1
Floors Repaired/Renewed ..	18	9	—	27
Food Stores	1	4	—	5
Gutters, Spouting	25	8	2	35
Hot Water Supply	1	10	2	13
Lighting Improved	—	7	2	9
Manure Pits Emptied	—	—	—	—
Manure Pits Rep./Improved ..	—	—	—	—
Piggeries Cleansed	—	—	—	—
Piggeries Repaired	—	—	—	—
Roofs Repaired/Renewed ..	32	8	—	40
Rooms Cleansed/Redecorated ..	2	21	—	23
San. Accom. Prov./Rep.	17	8	9	34
San. Accom. Cleansed and Redecor- ated	1	11	16	28
Sinks/Wash Basins Rep./Prov. ..	4	21	1	26
Sites Cleared	30	—	—	30
Smoke Nuisances (Industrial) ..	—	1	3	4
Smoke Nuisances (Clean Air Zone)	—	—	—	—
Stables Cleansed	—	—	—	—
Ventilation Improved	3	7	—	10
Walls and Chimneys (External) ..	19	6	—	25
Walls and Ceilings (Internal) ..	34	39	9	82
Water Supply Prov./Reinstated ..	—	4	—	4
Water Heaters Provided	—	8	—	8
Water Supply Installed	—	—	—	—
Yards Repaired, etc.	1	6	—	7
Other Nuisances	10	16	6	32
Merchandise and Marks Offences Corrected	—	5	—	5
Food Hygiene	—	10	—	19
Appliances Prov. (Clean Air) ..	1	—	—	1
Swimming Water inspected ..	—	—	2	2
Totals	291	263	66	620

(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES**(i) Milk and Milk Products**

There were 55 distributors of milk on the register at the end of the year as compared with 47 for the previous year, and the Co-operative Society heat treatment plant continues to operate satisfactorily following extension and modernisation. This is now almost complete and handling equipment of modern type is now in order, while a large cold store for the housing of trailers stocked with bottled pasteurised milk has been completed and enables an early daily distribution to roundsmen. 32 shopkeepers—an increase of 10, sell bottled milk as received, while sterilised milk is distributed by the Oxford Co-operative Society through their various branches. No untreated, undesignated milk may be sold within the area and only 4 or 5 pints of raw designated milk are, in fact, sold within the City—which is a “special designation” area.

45 (43) samples of milk were examined by the Gerber method and 5 proved slightly below standard. 13 (11) formal samples were taken during the year and 7 returned as below standard. 4 of these were the subject of proceedings which were withdrawn, however, on account of a technical fault in service, while the other 3 showed no evidence of adulteration but were considered as poor quality from one herd.

The average fat content of samples proved to be 3.09% with non-fatty solids at 8.52%. The fat content is considerably down on the figures last year, but non-fatty solids are slightly up, being in fact just above the statutory minimum.

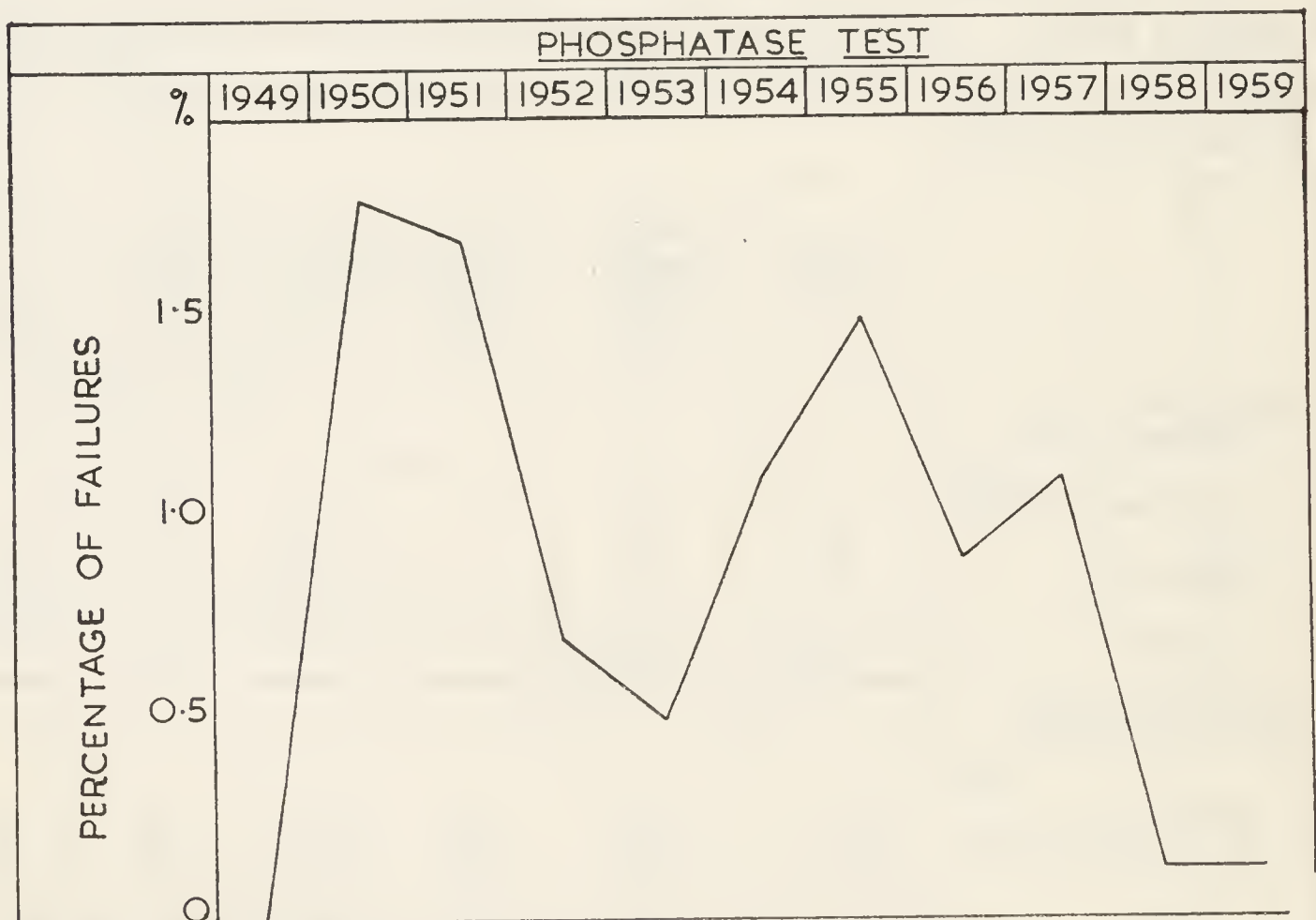
	Samples Tested	Satis. (Normal Lab. Temp.)	Satis. (Abnormal Lab. Temp.)	Total Satis.	Declared Void	Failed
Raw Milk (<i>Methylene Blue</i> Test)						
T.T. (Farmbottled)	17	12	—	12	—	5
T.T.	22	21	—	21	—	1
Ungraded	11	9	—	9	—	2
Total	50	42	—	42	—	8
Heat Treated Milk (<i>Methylene Blue</i> Test)						
Pasteurised ..	224	130	73	203	21	—
T.T. (Pasteurised)	594	359	178	537	56	1
Total	818	489	251	740	77	1
Heat Treated Milk (<i>Phosphatase</i> Test)						
Pasteurised ..	224	223	—	223	1	—
T.T. (Pasteurised)	594	591	—	591	2	1
Total	818	814	—	814	3	1
Heat Treated Milk (<i>Turbidity</i> Test)						
Sterilised	23	23	—	23	—	—
Total	23	23	—	23	—	—

50 (94) samples of T.T. raw milk were subjected to the Methylene Blue Test for keeping quality and 8 (15) failed—a percentage of 16 (15.9). There is a definite reduction in the sale of raw milk. The “special designation” area operations are in full swing, and it is now difficult to secure raw milk within the City. Wholesale depots are not anxious to handle the retail sale of raw milk owing to the uncertainty of its keeping quality during the summer and pasteurised milk has almost completely eliminated the sale of the raw variety.

11 samples were taken of ungraded milk produced from the herd of a local hospital subject to Ministry supervision and 2 of these samples failed the keeping quality test.

818 (842) pasteurised milk samples were taken during the year for keeping quality tests and 740 proved satisfactory, 77 were returned as void owing to high laboratory temperatures and one failed. One sample also failed the phosphatase test and, as was the case last year, no reason was discovered to account for the failure. 814 samples satisfied the phosphatase test and 3 were declared void. All samples of sterilised milk were satisfactory, as also were the 10 samples taken from school milk supplies.

There were still the high number of 80 samples of heat treated milk declared void by reason of high laboratory temperature.



Tubercle Bacilli in Milk

Following discussion with the Public Health Laboratory Staff it was decided to direct examinations for Tubercle Bacilli to raw milks only for, owing to the acute shortage of guinea pigs for the biological tests, it was considered waste of effort and animals to examine milk satisfactorily

heat treated. Accordingly, only 4 samples were taken from the hospital farm supply mentioned in the previous paragraph and all proved negative. Such small supply of milk as is sold raw in the City is, of course, of T.T. quality.

Ice Cream

A further rise in the number of ice cream dealers on the register is shown—there are 390 as against 383 last year and 371 during the previous year. Although there are five manufacturers on the register, only three are apparently making ice cream and even that in reduced quantity compared with previous years. It is obviously difficult to compete with the large firms having national interest. Very little, if any, loose ice cream is sold in the City, the majority being pre-wrapped or packed in containers before sale. Results of 5 samples taken under the Food and Drugs Act for quality showed a constant quality well above the national minimum requirements—the averages being 11.9% fat, 15.8% sugar and total solids at 37.58%. Dairy ice cream is now on the market—containing milk solids and butter fat—and sells at a higher price than the ordinary article which contains vegetable fat in addition to certain milk solids.

There is no doubt that this trade has reached mammoth proportions and ice cream is looked upon nowadays as a normal article of daily diet. Standards are maintained well above that required by law and hygienic quality is vastly superior to that so common a few years ago. 22 samples examined bacteriologically showed only 2 below standard—in Grade 3.

(ii) Clean Food Campaign

(a) Inspection of Food Premises

Well over 3,000 visits were made during the year to food premises of all kinds for purposes of control under the Food Hygiene Regulations and advice was freely available to all who needed it. Continued use of our “on the spot” yellow tickets proved useful, although the need for them is happily decreasing. Standards have undoubtedly improved throughout the food trades and the public are now demanding good hygienic service and display in the food shops throughout the City. Excellent progress is being made at the central Meat Market and towards the end of the year positive steps were taken by the Markets and Fairs Committee to secure an improved standard of fish stalls. It is confidently anticipated that another year will see the completion of hygienic stalls for this purpose.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	18	161
Butchers	79	726
Cake Shops	29	141
Confectioners	64	203
Dairies and Milk Shop	50	497
Fishmongers and Poulterers	28	231
Food Preparing Premises	83	247
Fruiterers and Greengrocers	81	477
Grocers	240	777
Ice Cream Manufacturers	5	40
Miscellaneous (including Ice Cream Retailers, etc.) ..	—	1,293
Open Stalls, Hawkers, etc.	116	933
Restaurants, Cafes, Kitchens, Snackbars and Canteens	92	475
St. Giles' Fair Food Stalls	60	959
Visits <i>re</i> Sampling	—	851

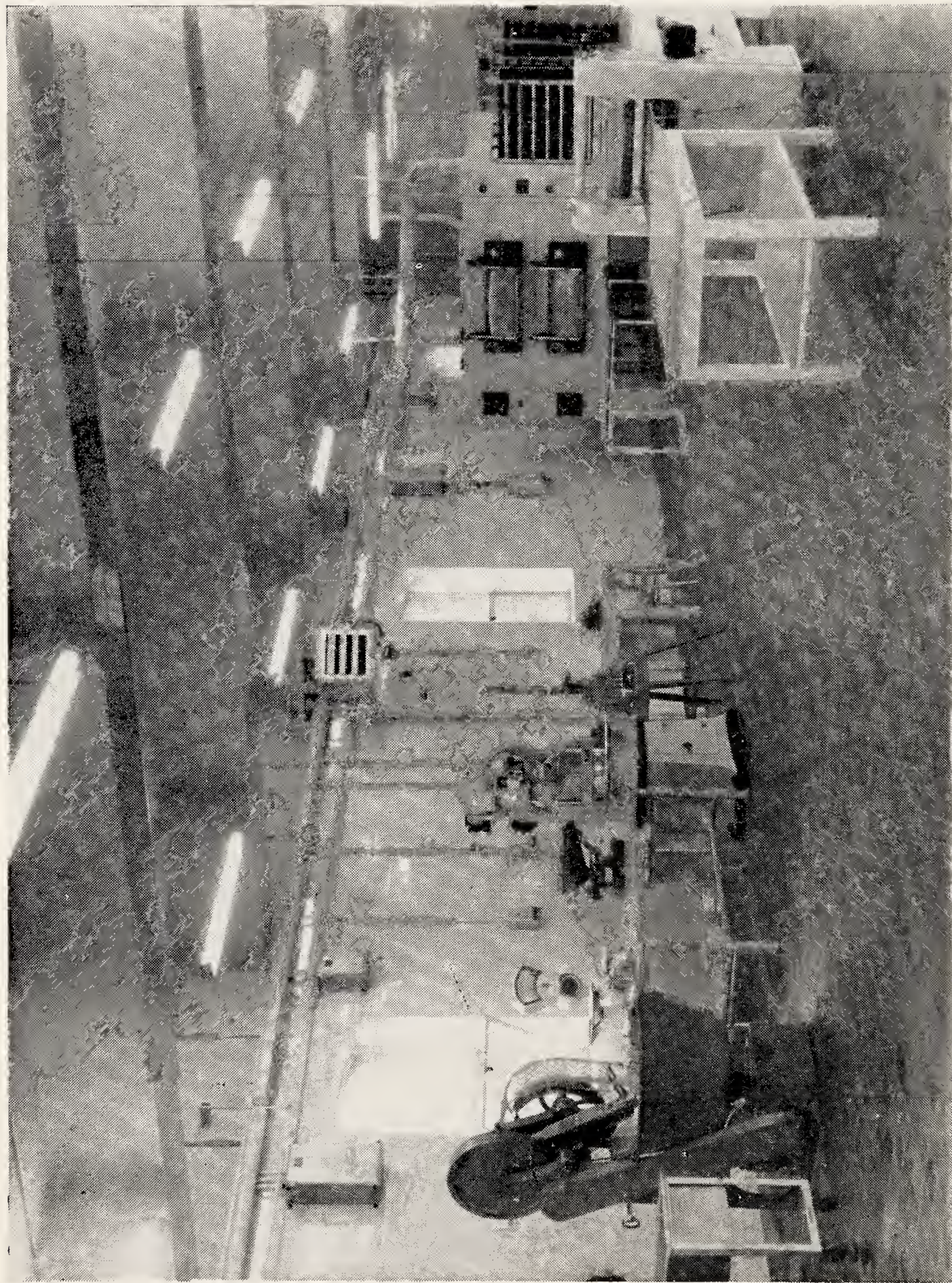
The Royal Show

The Royal Show was held on the Kidlington Aerodrome site during the year; as this site is within the jurisdiction of the Ploughley Rural District Council there was no direct responsibility upon the City Council for supervision. However, the Chief Public Health Inspector of the Ploughley Rural District Council was pleased to accept an offer of assistance during the period of the Show in order to effect thorough coverage of the large number of food handling points which were to be set up. It was possible to arrange a schedule of visits by a team of Inspectors who assisted by inspecting food premises, kitchen layouts, drainage and refuse arrangements, and food inspection was also carried out throughout the Show. 80 inspections were made by 7 Inspectors over the period of 3 days. On the whole conditions were surprisingly good.

Towards the end of the Show, however, an outbreak of food poisoning was detected and followed up, there being several cases removed to hospital for short-term treatment. The outbreak was diagnosed as due to staphylococcal aureus organism and the infection was traced to a septic condition on the finger of a newly employed manager of a pie factory which provided a large number of pies to the Show. Sampling showed staphylococci on benches, appliances, machinery and the sore finger of the factory manager. Prompt action resulted in immediate cleansing and disinfection, with treatment and proper protection of the finger concerned and the whole matter cleared up very quickly. The outbreak was, however, an object lesson in the need for proper waterproof dressings and prompt reporting of all septic conditions by workers in food premises. No prosecution was instituted, although there might have been a successful case made out on the evidence discovered.

(b) Hygiene, Education and Publicity

Considerable effort continues to be made in educating food handlers and the general public in the operation of hygienic methods. Our coloured



A SECTION OF THE Co-Op. SOCIETY NEW MEAT MANUFACTORY, 1959

slides continue to be used for lectures and illustrated talks to quite a number of interested groups within the City. We continue with organised lecturing to Domestic Science and School Leaver Classes, Food Trade Associations, Licensed Victualling Trade, the Co-operative Apprentices' Training Courses, District Nurses, Medical Students and the various Guilds and Institutes. From time to time the local press have assisted with publicity material and reports of food incidents to Health Committee usually provoke considerable interest.

(iii) Meat Inspection

There was a still further increase in the number of animals slaughtered during the year at the two slaughterhouses in the City, the total being 34,122 as against 27,730 the previous year, and 26,972 the year before that.

There were over 7,000 more sheep slaughtered during the year than during 1958 with a slight drop in the number of bovines.

Both slaughterhouses were also subjected to full inspection for the purpose of reports to the Ministry under the provisions of the Slaughterhouses Reports Order and the Slaughterhouse (Hygiene) Regulations, 1958. The Co-operative premises in Botley Road have been very much improved and, except for one or two minor points, comply with the general requirements of the Regulations. On the other hand, the Eastwyke Farm premises are much below standard and require thorough modernisation in order to secure approval and licence after the Appointed Day, which has been fixed for July, 1961. Following a meeting of the interested local butchers, which was addressed by the Secretary of the National Federation of Meat Traders' Associations, all interested bodies were communicated with by circular letter, the general picture being given and comments asked for. In no case was there adverse comment about the proposal to licence the two premises within the City as adequate for the purpose of local meat supply. It is anticipated that both premises will be brought up to standard before the Appointed Day and will so continue to serve the public as they have done for many years past. There has, of course, been considerable improvement and increase in satisfactory facilities in the fringe area of the City and within a 25 mile radius. Indeed, there are at least three modern slaughterhouses within 15 miles of the City Centre which are already partly used by local butchers in addition to the facilities within the City.

Towards the end of the year the Co-operative Society also completed a modern hygienic establishment for meat manufacture wherein pies, sausages, etc., are prepared under excellent conditions. Deep freeze facilities are also available now at the Co-operative Society premises together with others at Wolvercote and at the premises of Messrs. Weeks, and Oliver and Gurden—bakers, who have fairly large capacity stores. These have been most useful from time to time for the storage of carcasses affected by *cysticercus bovis*, although happily the numbers have not

been large during the year. Carcases are quartered, sealed in mutton cloth, and held for the appropriate period at low temperature before sale.

The number of visits for meat inspection to the slaughterhouses during the year was 957 as against 1,396 the previous year, but it should be noted that inspection is on a rota basis and visits last throughout the slaughter period each day. It is pleasing in this connection to record the great co-operation received from the local firms in arranging hours of slaughter which are now fairly consistent from Monday to Friday, there being very little late hour slaughtering and none on Saturdays or Sundays apart from an occasional emergency, and even these are extremely limited. The absence of export sale is, of course, one reason for the curtailment of slaughtering hours to reasonable periods each day.

The following table shows the details of throughput at each slaughterhouse.

		<i>Eastwyke</i>	<i>Co-op.</i>
Bulls		—	1
Steers		587	1,041
Cows		129	545
Heifers		430	1,244
Calves		682	334
Sheep		7,539	11,527
Swine		3,652	6,411
		13,019	21,103

The table below shows the extent of meat inspection over the last 20 years, giving the visits made under the provisions of the Public Health Meat Regulations:—

Year	Total number of animals inspected	Total number of visits in connection with meat inspection
1940	81,988	952
1941	70,322	984
1942	48,529	1,095
1943	39,772	1,021
1944	38,579	911
1945	35,976	969
1946	35,301	1,015
1947	30,313	987
1948	24,761	1,001
1949	25,849	980
1950	28,732	1,096
1951	23,303	811
1952	30,700	779
1953	29,033	834
1954	35,188	901
1955	30,662	824
1956	37,183	982
1957	26,972	1,420
1958	27,730	1,396
1959	34,122	957

Cysticercus Bovis

Only 15 suspected cases of *Cysticercus Bovis* (tape-worm cysts) were discovered in animal carcasses as against 40 in 1958 and 27 the previous year. Cold storage precautions were taken in all cases. 10 of the 15 cases were identified positively by the laboratory and 5 were returned as various stages of cystic degeneration. It is reasonable to assume that all these were degenerate bovis cysts. There were no generalised cases reported and cysts were predominantly in the masseter muscle, only one being found in the heart muscle of a steer. The Divisional Veterinary Officers concerned were advised but it is doubtful whether their efforts led to anything positive. In one case there was association with sewage farm effluent. As mentioned last year, there still remains much unreliability in regard to identification of animals through the general marketing system.

Liver Fluke (Distomatosis)

The following figures show the trend for the last nine years in this parasitic affection of bovines and sheep. There was a considerable increase in the incidence found during 1959.

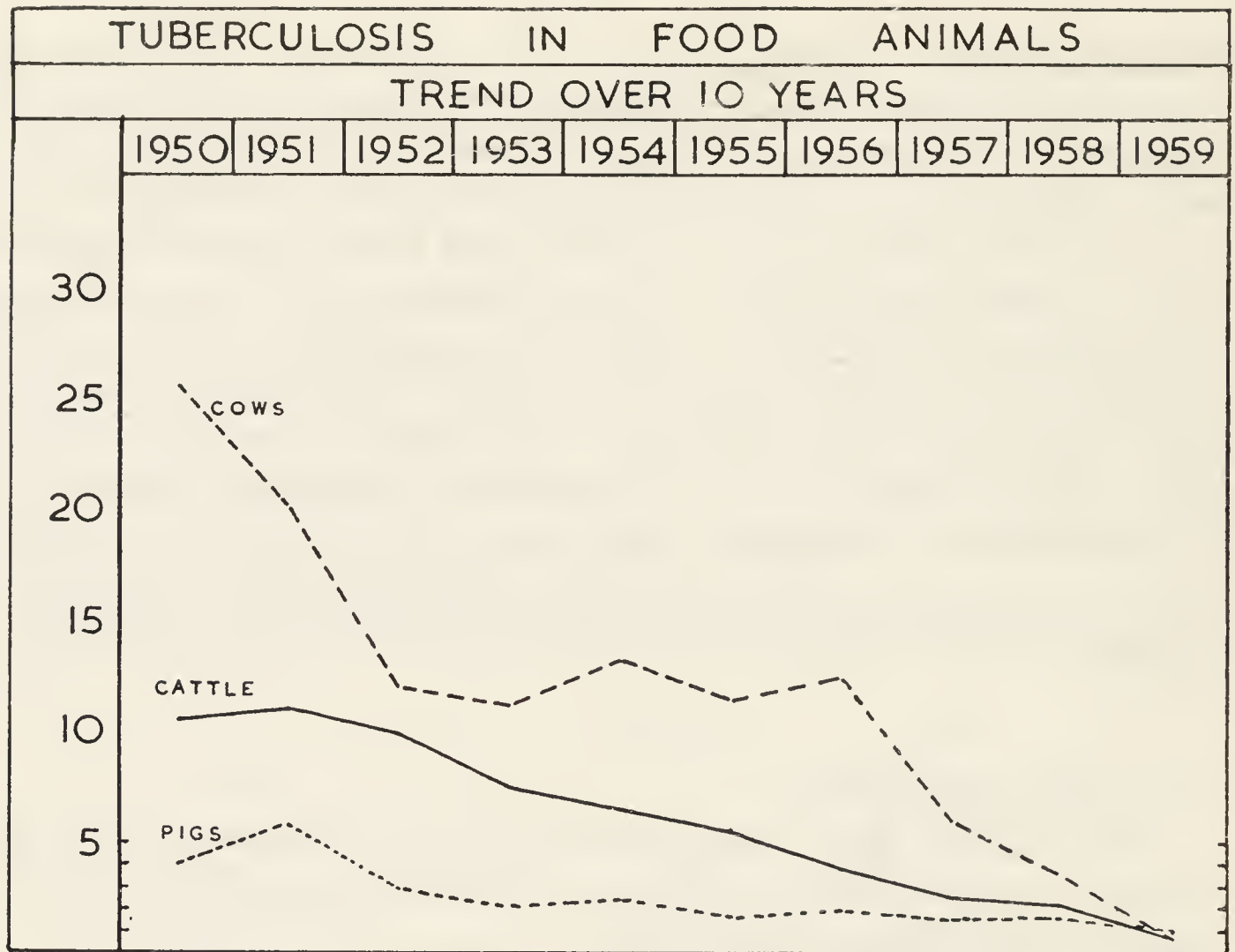
Year	Bovines Inspected	Bovines Affected	Per-centage	Sheep Inspected	Sheep Affected	Per-centage
1951	10,759	1,035	9.62	10,094	180	1.78
1952	11,823	1,288	10.81	15,602	377	2.41
1953	9,502	1,119	11.75	15,017	541	3.57
1954	8,982	734	8.14	18,079	254	1.39
1955	6,392	777	12.12	12,847	197	1.51
1956	7,779	1,057	13.52	17,722	205	1.14
1957	6,310	548	8.66	11,042	29	0.26
1958	5,542	668	12.02	11,491	59	0.51
1959	4,993	1,176	23.55	19,066	641	3.36

Tuberculosis

The following table and graph show results achieved over the past 10 years. As will be seen, the general decline continues but it should also be noted with the new system of recording there is no separation of adult cattle into categories.

Percentage of Animals affected with Tuberculosis

	Cattle	Cows	Calves	Pigs
1950	10.4	25.4	0.1	4.0
1951	11.0	20.3	0.1	5.9
1952	9.8	12.0	0.09	3.0
1953	7.5	11.2	0.09	2.2
1954	6.5	13.3	—	2.5
1955	5.7	11.4	0.08	1.9
1956	4.8	12.5	0.1	1.8
1957	2.5	6.1	0.05	1.6
1958	1.8	4.4	—	1.4
1959	Adult Cattle 0.7		—	0.9



Tuberculosis in Food Animals, 1959

Portions dealt with						Bovines	Pigs	Totals
						No.	No.	No.
Whole Carcases	..	..	..	..	..	—	—	—
Part Carcases	..	..	..	..	..	1	16	17
Whole Offal	..	..	..	..	..	—	—	—
Part Offal	..	..	..	..	..	27	74	101
Totals	..	..	..	..	..	28	90	118

Inspections and Condemnations, 1959

	Adult Cattle	Calves	Sheep and Lambs	Pigs
Number killed	3,977	1,016	19,066	10,063
Number inspected	3,977	1,016	19,066	10,063
All diseases <i>except</i> Tuberculosis:	No.	No.	No.	No.
Whole carcasses condemned ..	2	3	1	6
Carcasses of which some part or organ was condemned ..	1,519	7	801	612
Percentage of the number inspected affected with disease other than tuberculosis ..	38.2%	1.0%	4.7 %	6.1 %
Tuberculosis only:				
Whole carcasses condemned ..	—	—	—	—
Carcasses of which some part or organ was condemned ..	28	—	—	90
Percentage of the number inspected affected with tuberculosis	0.7%	—	—	0.90 %

Diseases other than Tuberculosis in Food Animals, 1959

				<i>Carcase</i>		<i>Offal</i>	
				Total	Partial	Total	Partial
<i>Adult Cattle—</i>							
Johne's disease	..	..	..	—	—	—	2
Actinomycosis or bacillosis ..	..	..	..	—	1	—	20
All septicaemia conditions ..	..	..	..	1	4	—	133
Pneumonia and/or pleurisy ..	..	..	..	—	—	—	20
Peritonitis	..	..	..	—	—	—	4
Fascioliasis (fluke)	..	..	..	—	—	—	1,176
Cysticercosis (C. bovis)	..	..	..	—	2	—	15
Echinococcosis	..	..	..	—	—	—	7
Hepatic abscess	..	..	..	—	—	—	83
Bruising	..	..	..	—	2	—	1
Other conditions	..	..	..	1	1	2	46
Totals	..	..	..	2	10	2	1,507
<i>Calves</i>							
All septicaemia conditions ..	..	..	..	1	1	—	3
Joint-ill or navel-ill	..	..	..	1	—	—	—
Other conditions	..	..	..	1	1	—	2
Totals	..	..	..	3	2	—	5
<i>Pigs</i>							
Swine erysipelas	..	..	..	1	—	—	—
All septicaemia conditions ..	..	..	..	3	10	—	52
Pneumonia and/or pleurisy ..	..	..	..	—	—	—	231
Echinococcosis	..	..	..	—	—	—	49
Ascariasis (milk spot)	..	..	..	—	—	—	169
Bruising	..	..	..	—	1	—	—
Other conditions	..	..	..	2	4	3	93
Totals	..	..	..	6	15	3	594
<i>Sheep</i>							
All septicaemia conditions ..	..	..	..	—	1	—	11
Fascioliasis (fluke)	..	..	..	—	—	—	641
Pneumonia and/or pleurisy ..	..	..	..	1	—	—	15
Parasitic pneumonia	..	..	..	—	—	—	3
Cysticercus bovis	..	..	..	—	—	—	1
Echinococcosis	..	..	..	—	—	—	85
Bruising	..	..	..	—	1	—	—
Other conditions	..	..	..	—	—	—	43
Totals	..	..	..	1	2	—	799

Unsound Meat

The disposal of unsound meat is carefully supervised although it is to be recorded that so far no legislation has been brought into force whereby unsound meat is sterilised before removal from the premises. It is hoped that within a short time such legislation may be passed by Parliament. Most of the unsound meat is transported to a disposal depot for processing but this necessitates transport outside of the City as there are no facilities provided at the slaughterhouses. A small amount is permitted to be sent for dog and mink feeding, while a certain amount not considered suitable for release in any of these ways was incinerated at a local hospital. The figure for meat condemned remains comparatively small and butchers generally are to be commended on the quality of animals slaughtered within the City. Improvement of cold storage facilities continues but there is still room for further provision to enable meat to be stored hygienically before sale. It was not necessary during the year to seize any meat for condemnation.

(iv) Sampling of Food and Drugs

214 (183) samples of food and drugs were submitted for examination by the Public Analyst and of these 15 as against 13 last year were returned as non-genuine. 13 formal samples of milk were taken during the year and 7 of these were returned as below standard. Of these, 3—although deficient in fat and slightly in solids not fat—were considered by the City Analyst to be of poor quality milk and being from one herd were not considered to be adulterated. 4 samples, however, were found showing evidence of added water and a prosecution was pressed forward but had to be withdrawn because of a technical fault. The usual faulty labels were reported on.

Three items of drugs required the attention of packers to re-labelling, and three items of prepared meats (two being imported) were found deficient in meat content and the attention of the manufacturers and importers was drawn to the circumstances. One sample of demerara sugar contained a mould which made the material unfit for consumption and it was surrendered for destruction, while a yellow colouring matter found to contain acid azo-dye not on the permitted list was withdrawn and a follow-up sample later proved satisfactory. Otherwise, there was little to complain about in the other samples taken and it is becoming increasingly difficult to pick out articles of food and drugs which are unsatisfactory in quality or showing evidence of adulteration, and this is in great measure due to the persistent effect of sampling over the years and the education of food manufacturers in modern standards of food quality and preparation. The samples submitted included a selection of canned vegetables, confectionery, flour products, canned meats, preserves and sauces, a variety of meat, fish and other spreads, and milk. The drugs taken ranged from aspirin tablets to various salts,

codeine, cough and throat and chest preparations. There was once more relative freedom from trouble due to imported egg material.

There were the usual number of cases involving unsatisfactory conditions in food or food service and the following list indicates the action taken:—

Malt Fruit Loaf containing a nail—a fine of £5 5s. 0d. was imposed.
 Mouse in Bottle of Milk—a fine of £25 was imposed in this case and the firm concerned took immediate steps to install an up-to-date detection apparatus in the hope that this would prevent similar occurrences in future.

Unfit Dogfish—a fine of £30 was imposed on a retailer at the Oxpens Open Market for selling decomposing fish.

Warnings were given in the following cases:—

Insect in Bread.

Broken Rim of Milk Bottle.

Apple Turnovers in Mouldy Condition.

Wasp in a Sponge Cake.

Match Stick in a Sausage.

It was unfortunate that a case involving adulterated milk had to be withdrawn at the last moment because of a technical fault.

A can of pineapple chunks was found on examination to contain a number of South African bees—these were classed as “unofficial immigrants” !

Food Poisoning in the Home

An interesting episode occurred about Christmas time when a number of cases of food poisoning were investigated and found to involve a home cooked ham which had been boiled in an enamelled washing machine. Chemical tests proved negative and eventually the illness was found to be of staphylococcal origin, the organisms being isolated from the noses of two persons involved in the cooking and handling of the ham.

Hospital Hygiene

It is pleasing to record co-operation from the staffs of the various hospitals throughout the City which are visited from time to time by Inspectors with a view to advising on hygienic conditions in kitchens, for pest extermination purposes, to deal with unsound food and to encourage clean air operations in the boiler houses. Over 300 visits were made to the various hospitals and attention directed to a number of matters which appeared to require amendment.

It has also been a routine matter to spray dustbin stands and waste food containers, etc., with anti-fly material in the Spring period as a means of keeping down fly nuisance.

Merchandise Marks Act

An increase in visits made under this legislation was revealed by reports of the inspectorate, there being 613 (513) made to shops and premises in order to ensure proper marking and description of certain food commodities. There is general awareness of the need for marking but fruit and tomatoes again seem to be the foods most commonly implicated. A few warnings were necessary, otherwise no stringent action was called for.

Foodstuffs Surrendered for Destruction

Commodity									Weight in lbs.
Bacon	..	..	..	..	..	..	..	..	188 $\frac{3}{4}$
Beverages	..	..	..	..	..	..	..	..	100 $\frac{1}{2}$
Biscuits	..	..	..	..	..	..	..	..	34
Cheese	..	..	..	..	..	..	..	..	281 $\frac{1}{4}$
Confectionery	..	..	..	..	..	..	..	..	1,768 $\frac{3}{4}$
Fish	..	..	..	..	..	..	..	..	251 $\frac{3}{4}$
Fruit	..	..	..	..	..	..	..	..	747 $\frac{1}{4}$
Jam	..	..	..	..	..	..	..	..	16
Meat, Manufactured	..	..	..	..	..	..	..	..	98 $\frac{1}{2}$
Nuts	..	..	..	..	..	..	..	..	1,820
Pickles	..	..	..	..	..	..	..	..	46 $\frac{1}{4}$
Poultry	..	..	..	..	..	..	..	..	73 $\frac{1}{2}$
Salad Dressing	..	..	..	..	..	..	..	..	160 $\frac{1}{2}$
Sauces	..	..	..	..	..	..	..	..	11 $\frac{1}{4}$
Sausages	..	..	..	..	..	..	..	..	238
Spreads	..	..	..	..	..	..	..	..	386
Vegetables	..	..	..	..	..	..	..	..	242 $\frac{3}{4}$
Miscellaneous	..	..	..	..	..	..	..	..	304 $\frac{3}{4}$
									6,769 $\frac{3}{4}$
Canned—									
Fish	..	..	..	..	..	..	..	..	263 $\frac{1}{2}$
Fruit	..	..	..	..	..	..	..	..	3815 $\frac{1}{2}$
Jam	..	..	..	..	..	..	..	..	123
Meat	..	..	..	..	..	..	..	..	3726 $\frac{1}{4}$
Milk	..	..	..	..	..	..	..	..	262 $\frac{3}{4}$
Soup	..	..	..	..	..	..	..	..	125 $\frac{3}{4}$
Vegetables		..	..	..	..	..	..	..	2083 $\frac{3}{4}$
Miscellaneous	..	..	..	..	..	..	..	..	206
									10,606 $\frac{1}{2}$
									17,376 $\frac{1}{4}$

Most of the above foodstuffs were disposed of by deep tipping, under supervision, by arrangement with the City Cleansing Superintendent.
The remainder was incinerated at a local hospital.

FOOD AND DRUGS ACT, 1955
Samples taken for Analysis during the year 1959

Article	No. of Samples obtained			Result of Analysis	
	Formal	Informal	Total	Genuine	Non-Genuine
Beverages	—	16	16	16	—
Chicken Pie	—	1	1	1	—
Coconut, Dessicated ..	—	2	2	2	—
Colouring	—	4	4	3	1
Confectionery	—	13	13	13	—
Cooking Oil	—	4	4	4	—
Cream, Fresh	—	1	1	1	—
Cutlet	—	3	3	3	—
Demerara Sugar	—	1	1	—	1
Fish Cakes	—	3	3	3	—
Flavouring	—	3	3	3	—
Flour Products	—	12	12	12	—
Fruit, Canned	—	1	1	1	—
Fruit, Dried	—	1	1	1	—
Fruit	—	1	1	1	—
Gelatine	—	1	1	1	—
Ice Cream	—	5	5	5	—
Jelly	—	5	5	5	—
Meat, Canned	—	22	22	19	3
Meat and Vegetables					
Extract	—	3	3	3	—
Milk	13	—	13	6	7
Mincemeat	—	1	1	1	—
Pepper, White	—	2	2	2	—
Pickles	—	3	3	3	—
Preserves	—	11	11	11	—
Rice	—	3	3	3	—
Sauces	—	12	12	12	—
Sausages, Beef	—	2	2	2	—
Sausages, Cocktail,					
Frankfurter	—	2	2	2	—
Sausages, Pork	—	8	8	8	—
Sausage Rolls	—	6	6	6	—
Soups	—	8	8	8	—
Spice	—	4	4	4	—
Spread	—	12	12	12	—
Suet	—	2	2	2	—
Tapioca, Flake	—	1	1	1	—
Vegetables, Dried and					
Canned	—	5	5	5	—
Vinegar	—	3	3	3	—
Drugs:—					
Aspirin	—	1	1	1	—
Camphorated Oil ..	—	1	1	1	—
Codeine, Compound					
Tablets	—	1	1	1	—
Cough Mixture	—	3	3	2	1
Epsom Salts	—	1	1	1	—
Eucalyptus Oil	—	1	1	1	—
Glauber Salts	—	1	1	1	—
Magnesia, Heavy					
Carbonate	—	1	1	1	—
Throat and Chest					
Tablets	—	3	3	1	2
Travel Tablets	—	1	1	1	—
Totals	13	201	214	199	15

Table of Adulterations

No of Sample		Article	Results of Analysis	Action taken
Informal	Formal			
2		"Tics" Throat Chest Tablets	Incorrectly labelled	New label to be printed
7		Beef Curry	25% deficient in meat	Manufacturers requested to increase meat content
30		Throat Pastilles	Incorrectly labelled	To be re-labelled
48		Pork Luncheon Meat (Imported Dutch)	Contained only 68% meat	Referred to Importers
49		Pork Luncheon Meat (Imported French)	Contained only 68% Meat	Referred to Importers
58		"Johnny Bunny" Children's Cough Mixture	Ingredients inadequately disclosed	Attention of Manufacturer drawn to matter
66		Yellow Colour	Contained an acid azo-dye not on permitted list of colours	Follow up sample taken
74		Demerara Sugar	Contained mould	Material surrendered for destruction
	84	Milk	14.3% deficient in fat. 0.8% deficient in solids not fat	Prosecution withdrawn on technical fault in service
	85	Milk	0.6% deficient in solids not fat	
	86	Milk	2.3% deficient in solids not fat	
	87	Milk	6.7% deficient in fat 10% deficient in fat 5.9 deficient in solids not fat	
	92	Milk	6.7% deficient in fat 1.2% deficient in solids not fat	
	94	Milk	6.7% deficient in fat	From one herd and considered of poor quality milk. No evidence of adulteration
	95	Milk	3.3% deficient in fat	

(v) Markets

The two markets in Oxford continue to be popular with the general public, the large covered Permanent Market situated behind the junction of The High and Cornmarket Street have been still further improved in appearance with more shop fronts being provided in place of open stalls. Considerable interest is now being shown in the hygienic improvement of this Market and following improved drainage and redecoration, considerable progress has been made in the fitting of modern frontages. The most pressing matter now remaining is modernisation of what might be called the "fish precinct" at the Market Street entry where it is confidently hoped that modern facilities may be made available before my next Annual Report.

The Open Market at The Oxpens continues to operate every Wednesday and the permanent metal stalls continue to give good service and neat appearance to the Market arrangements. Hand-washing facilities and water are generally available and despite a few misdemeanours in the way of failure of stallholders to show names and addresses on stalls, the general standard continues to be very good for this type of Market. No encouragement is given to any trader who is not prepared to toe the line in the matter of hygienic display of food. Indeed, during the year one trader was prosecuted for the sale of unsound fish and was heavily fined.

The number of food shops and stalls at the two Markets is as follows:—

Covered Market—

Butchers and Bacon Dealers	..	..	..	..	15
Fishmongers and Poulterers	..	..	..	..	6
Fruiterers and Greengrocers	..	..	..	..	15
Confectioners	..	..	..	..	2
Grocers	..	..	..	..	3
Restaurants	..	..	..	..	3
Cake Shop	..	..	..	..	1

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45

Open Market

Fruiterers and Greengrocers	..	..	..	..	11
Confectioners	..	..	..	..	4
Ice Cream Dealers	..	..	..	..	1
Fishmongers	..	..	..	..	1
Grocers	..	..	..	..	2
Biscuit and Cake Stalls	..	..	..	..	2
Poulterer	..	..	..	..	—

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Fertilisers and Feeding Stuffs Act

Two samples only were taken during the year, both of which were returned as genuine—one being Bone Flour and the other Chrysanthemum Fertiliser.